



North
Carolina
Arts
Council
*Fifty years
of leadership*

Grassroots Arts Program Subgrant Report Form FY 2017–2018

Due by 12:00 noon May 31, 2018

Submit to Union County Community Arts Council

I. Organization Information

Name of Organization _____

Contact Person's Name _____

Contact Person's Title _____

Mailing Address _____ City _____

State: North Carolina Zip Code _____ County _____

Work Phone (____) _____ Fax Number (____) _____

E-mail Address _____

Website _____

Organization's EIN _____

Applicant Race _____

II. Project Data

Project Budget

1. **Grant amount** _____
2. **Matching funds** (Include any funds beyond the 1:1 match used to execute the project) _____
3. **Total Project Budget** _____

Participation Statistics

1. Total **number** of participants and audience members _____
2. Specify the **number** of this count who are children and youth (Pre-K through secondary school students) _____
3. Specify the **number** of this count who are artists _____



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Project Demographics

1. Excluding artists, what percentage of project participants were: **(Should add to 100%)**

- a. American Indian/Alaskan Native _____
- b. Native Hawaiian/Pacific Islander _____
- c. Black/African-American _____
- d. Hispanic/Latino _____
- e. White, not Hispanic _____
- f. Asian _____

2. What percentage of artists in the funded project were: **(Should add to 100%)**

- a. American Indian/Alaskan Native _____
- b. Native Hawaiian/Pacific Islander _____
- c. Black/African-American _____
- d. Hispanic/Latino _____
- e. White, not Hispanic _____
- f. Asian _____

Arts Education

Did 50% or more of the project activities involve arts education; increasing knowledge and skills in the arts to grades Pre-K– 12? _____

Project Description Narrative

Please provide a brief description of the project funded: (limit 25 words)



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III. Attachments

Publicity Materials (REQUIRED)

Attach any materials used for project publicity and any other printed materials using the Union County Community Arts Council logo and the North Carolina Arts Council credit line and logo. Attach articles, reviews, and other materials documenting funded project.



Grassroots Arts Program Subgrant Report Form FY 2017-18

Project Expenses	Cash Expenses	=	Grant Amount Spent	+	Applicant Cash Match
A Personnel					
Administrative staff	_____		_____		_____
Artistic staff	_____		_____		_____
Technical/Production staff	_____		_____		_____
B Outside Fees and Services					
Artistic contracts	_____		_____		_____
Other contracts: _____	_____		_____		_____
C Space Rental	_____		_____		_____
D Travel	_____		_____		_____
E Marketing	_____		_____		_____
F Remaining Project Expenses	_____		_____		_____
<i>(list remaining expenses)</i>					
G Total Cash Expenses	_____	=	_____	+	_____

Project Income	Cash Income
A Admissions	_____
B Contracted Services Revenue	_____
C Other Revenue	_____
D Private Support	
Corporate support	_____
Foundation support	_____
Other private support	_____
E Government Support	
Federal	_____
State/regional (not including this request)	_____
Local	_____
F Applicant Cash	_____
G Grant Amount Received from the Grassroots Arts Program for this project	_____
H Total Cash Income (must be at least as much as Total Cash Expenses, Item G above)	_____

Must be typed on organization's letterhead

Certification for Grassroots Arts Program Subgrantees

The State Auditor requires that a certification be completed and signed by both the Treasurer and Authorizing Official of your organization. It is helpful to identify the certification if you print it on your official organization letterhead.

Date _____

We certify that the accompanying Report represents all financial activity related to the receipt, use and expenditure of funds granted for the purposes set forth in the grant award documents.

We say that we are the office holders listed, respectively, of _____ (name of organization) located in _____ (city) in the county of _____ and that the foregoing certification, report, attachments and supporting material is true, accurate and complete to the best of our knowledge and was made and subscribed by us.

Treasurer Name _____

Treasurer (list other Title if applicable) _____

*Treasurer Signature _____

Authorizing Official Name _____

Authorizing Official Title _____

*Authorizing Official Signature _____

Project Director Name _____

Project Director Title _____

Project Director Signature _____

****By direction of the State Auditor, report will not be accepted without these signatures. Do not submit your report with these lines blank.***