

**RALEIGH ARTS COMMISSION  
2024-2025 APPLICANT OVERVIEW  
- PROGRAM SUPPORT 2**



**SECTION 1 - APPLICANT INFORMATION**

**Applicant Name:** \_\_\_\_\_

Federal Tax ID# (EIN): \_\_\_\_\_ Year Organization Incorporated: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Raleigh \_\_\_\_\_ State: \_\_\_\_\_ NC \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Raleigh \_\_\_\_\_ State: \_\_\_\_\_ NC \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ TTY: \_\_\_\_\_

Website: \_\_\_\_\_

**Grant Application Contact Person**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_

## SECTION 2 - MISSION STATEMENT

## SECTION 3 - ORGANIZATIONAL DESCRIPTION

## SECTION 4 - PROPOSED PROJECT OVERVIEW

Project Name: \_\_\_\_\_

Project Location: \_\_\_\_\_

City: \_\_\_\_\_ Raleigh \_\_\_\_\_ State: \_\_\_\_\_ NC \_\_\_\_\_ Zip: \_\_\_\_\_

Project Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Project Performance Dates (If Applicable): \_\_\_\_\_

Estimated Total Participants/Attendees/Students: \_\_\_\_\_

Estimated Total Staff/Artists/Contractors: \_\_\_\_\_

**Please provide a brief description or overview of your proposed programming. (Text box limit is 600 characters.)**