



Raleigh  
Arts



**2026-2027**  
**RALEIGH ARTS COMMISSION**  
**OPERATING SUPPORT**  
**GRANT**

Sample Application

## Excel File Application Forms – Important Information

Raleigh Arts uses an online application system for most of the application forms. However, the application process also includes three-four Excel file forms for you to download, complete, then upload back into the system. They are:

- Board Information Form
- Financial Form
- Financial Attachment Form (Only a few applicants need to complete this form.)
- Participation Statistics Form

### Advice for Completing the Excel File Forms:

- Only use Excel to complete these forms once you've downloaded them from the online grant application system.
- **Do NOT use Google Sheets.** Google Sheets corrupts the protections placed on Excel files to help you and will not consistently keep formulas intact.
- The forms have been designed to automatically calculate all totals to lessen your workload and to provide opportunities for cross-checking data in the forms against organizational records.
- To decrease completion time, the forms have also been designed to automatically repeat information that appears on multiple pages. Therefore, you may not be able to enter data on every line of a form.
- The Excel forms have multiple spreadsheets/tabs. Be sure to review each tab and fill in information on all applicable sheets within the form.
- We have also protected the files to keep the time-saving features and formulas safe, so they can benefit you. It means there are parts of these Excel files that you can't access and/or change.
- If using Excel is a problem for you and your organization, please contact one of Raleigh Arts contacts listed in the Grant Guidelines for assistance.

## A. Applicant Information

Case Id: 31162

Name: Mark-Test 3 - 2025

*Last modified by Leroy Brown on 10/29/2025 6:29 PM*

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### A. Applicant Information

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Please provide the following information.

**A.1. Applicant Name:**

**A.2. Federal Tax ID# (EIN):**

**A.3. Year Organization Incorporated:**

*Remember, your organization must have a **Raleigh address** in order to be eligible for this funding.*

**A.4. Physical Address:**

Raleigh, NC

**A.5. Is the Mailing Address different from the Physical Address?**

Yes

*Remember, your organization must have a **Raleigh address** in order to be eligible for this funding.*

**A.5a. Mailing Address:**

Raleigh, NC

**A.6. Phone:**

**A.7. Website:**

### GRANT APPLICATION CONTACT PERSON

**A.8. Name:**

**A.9. Title:**

**A.10. Phone (W):**

**A.11. Phone (C) (Optional):**

**A.12. Email:**

**Long Range Plan:**

Submit your organization's most recently completed long-range or strategic plan. Approved by the board of directors and staff, this plan should forecast an organization's priorities and initiatives to be completed over a 3-5 year period.

☐ **Long Range Plan \*Required**

*\*\*No files uploaded*

**Funding Eligibility Documents:**

Please upload the following required documents:

☐ **Conflict of Interest Policy \*Required**

*\*\*No files uploaded*

☐ **Bylaws \*Required**

*\*\*No files uploaded*

If any changes have been made to the documents listed below since January 2025, please upload the newest versions:

☐ **Federal Letter of Tax Exemption from IRS (recognizing applicant as 501(c)(3) public charity.) (if required)**

*\*\*No files uploaded*

☐ **State Letter of Tax Exemption from North Carolina Department of Revenue (if required)**

*\*\*No files uploaded*

☐ **Articles of Incorporation (if required)**

*\*\*No files uploaded*

## B. Organizational Overview

Case Id: 31162

Name: Mark-Test 3 - 2025

*Last modified by Leroy Brown on 10/29/2025 6:29 PM*

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### B. Organizational Overview and Programming

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Please tell us about your organization and the Raleigh programming planned from July 1, 2026 – June 30, 2027.

**B.1. Mission Statement:** Please enter your organization's mission statement.

**B.2. Organizational Overview:** Please provide a general overview of your organization and programming here. Be sure to show how your organization realizes its mission through its programming.

**B.3. 2026-2027 Raleigh Programming:** Please provide information here about the Raleigh programming your organization has planned between 7/1/26 - 6/30/27, including dates, locations, and brief descriptions for each program. If your organization produces multiple productions, concerts and/or exhibitions, each one should be noted here. Arts education organizations should provide descriptions and specifics regarding the classes and camps planned.

## C. Grant Narrative

Case Id: 31162

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### Operating Support Narrative Questions

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Be sure to read the evaluation criteria listed in the Operating Support Grant Guidelines thoroughly before writing the narrative. Answers to the narrative questions should clearly address the Operating Support evaluation criteria, which can also be found in the grant guidelines.

**C.1. Artistic Need:** Briefly describe the value of your programming to the community and how it fulfills an artistic need. How does it benefit the City of Raleigh as a whole and how does it benefit the individuals who participate?

**C.2. Artistic Leadership:** Who leads your organization's artistic programming? What are their roles and responsibilities? What is their approach/strategy for translating your organization's mission into programming? How have they demonstrated that they successfully carried out that approach/strategy?

**C.3. Artists:** Who are the artists in your organization? Why are they the best match for your programming? How are they selected and what criteria are used?

**C.4. Local & Emerging Artists:** What kind of employment opportunities does your organization provide for Raleigh and/or North Carolina artists? How does your organization engage and/or support local emerging artists?

**C.5. Planning & Assessment – Programming:** Please describe how your organization approaches annual programmatic planning. How do you know if programming has been successful? What evaluation tools are used for assessment?

**C.6. Planning & Assessment – Organization:** How does your organization assess its administrative components? If your organization has a long-range plan, please provide a brief description of the planning process and when it took place. What are some major goals from your plan and what progress have you made towards achieving them?

**C.7. Administrative Leadership:** Who leads your organization administratively? For what are they responsible? How have they demonstrated that they effectively met those responsibilities?

**C.8. Board Governance:** What are the responsibilities of your board of directors? How is your board structured to ensure they achieve them?

**C.9. Finance:** Please describe your organization's financial system and who handles the day-to-day activities. Who provides financial oversight and what are their roles? What kind of financial controls do you have in place? Does your organization engage in long term financial planning? If so, please describe.

**C.10. Marketing:** Please describe how your organization publicizes its programming. If different strategies are used to reach different segments of the community, please describe.

**C.11. Community Support:** Please describe how the community demonstrates its support of your organization, including financial and in-kind contributions, volunteers, collaboration/partnerships, etc.

**C.12. Cultural Diversity:** Please describe how your organization engages Raleigh's diverse cultural communities. In what ways is your organization and programming reflective of and relevant to these diverse communities? If your organization is working to increase engagement, what actions have you already undertaken and what do you have planned?

**C.13. Economic Constraints:** Please describe how your organization engages with people who have limited arts or cultural opportunities due to economic constraints. How many people does your organization reach and what is the cost to them to participate? How does your organization get the word out that low or no cost opportunities are available?

## D. Financial Information

Case Id: 31162

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### D. Financial Information

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Please help the Raleigh Arts Commission understand your organization's finances by providing the information requested below.

**D.1. Please enter your grant request amount:**

\$0.00

**D.2. Did your organization have an audit done for the most recently completed fiscal year?**

- ☐ Yes  
☐ No

**D.2a. Did the audit firm present its audit report at a full board meeting? (No selections made)**

- ☐ Yes  
☐ No

**D.2b. Audit Findings/No Findings:** If the audit firm issued findings and/or had management letter concerns or recommendations, please explain how your organization has addressed or is addressing them. If no findings and management letter were issued, then you can simply write "No Findings."

**D.2c. Audit Report:** If you have not already submitted your organization's latest audit report to Raleigh Arts, please upload here.

☐ **Audit Report (if required)**

*\*\*No files uploaded*

**D.2d. Audit Report Letter:** If you have not already submitted the audit report letter to Raleigh Arts, please upload it here. It should either be the audit firm's findings/management letter or a letter of attestation signed by your organization's board chair confirming no findings were issued.

☐ **Audit Letter (if required)**

*\*\*No files uploaded*

**D.3. When does your organization's fiscal year run:**

- ☐ July 1 – June 30  
☐ January 1 – December 31  
☐ Other



**D.3a. Financial Forms**

Please complete the standard fiscal year Financial Form found [here](#) and upload.



Standard Financial Form **\*Required**

*\*\*No files uploaded*

**D.3b. Financial Form Attachments file (if required).**

If required, please complete the standard fiscal year Financial Attachments Form found [here](#) and upload it below.



Standard Financial Attachment Form

*\*\*No files uploaded*

## INSTRUCTIONS

### 2026-2027 OPERATING SUPPORT - ORGANIZATIONAL FINANCIAL FORMS

#### General Information

- **Budget Line Name Definitions:** Some budget line names have meanings specific to this grant application. Please go to the [Glossary](#) spreadsheet to find those definitions.
- Round figures to nearest dollar.
- Report only unrestricted operating dollars for each fiscal year.
- Do not include temporarily/ permanently restricted contributions/funding.
- **Prior Fiscal Year Data** - Enter audited financial data. If you do not have an independent audit performed by a CPA, use appropriate numbers from internal/board/CPA review.
- **FY25-26/FY26-27 Variances of 25% or More :** Complete the budget variance form.
- **Printing:** None of the data and information highlighted in light gray on this spreadsheet will print. You can see which portions of this spreadsheet print in Print Preview. (To print a set of instructions go to the Printable Instructions spreadsheet.)

#### Income Page

- **In-Kind Income:** Do NOT enter on the Income page (i.e. donations of services, facilities, equipment and/or food). Applicants who want to provide In-kind data can complete the "In-Kind Inc/Exp" page of the Financial Form Attachment File. NOTE: Providing in-kind data is 100% optional.
- **Other Income Lines:** If these lines equal 5% or more of Total Income as shown in "Other as % of Total Budget" column AND multiple revenue items are included on one line, provide an explanation by completing the "Other Income" explanation page in the Financial Form Attachments Excel file.

#### Expense Page

- **Depreciation:** Do NOT enter on the Expenses Page Enter on the Summary Page as a **negative number** on the appropriate line.
- **In-Kind Expense:** Do NOT enter on the Expense page (i.e. scholarships, facilities and/or supplies). Applicants who want to provide In-kind data can complete the "In-Kind Inc/Exp" page of the Financial Form Attachment File. NOTE: Providing in-kind data is 100% optional.
- **Other Expense Lines:** If these lines equal 5% or more of Total Expenses as shown in "Other as % of Total Budget" column AND multiple expense items are included on one line, provide an explanation by completing the "Other Expenses" explanation page in the Financial Form Attachments Excel file.

#### Summary Page

- **OPERATING SURPLUS (DEFICIT) - FY24-25 ACTUAL/AUDITED:** If this line shows a deficit or negative number, provide a deficit reduction plan by completing that page in the Financial Form Attachments Excel file.
- **OPERATING SURPLUS (DEFICIT) - Next FY Budget:** Budgeting a deficit for the upcoming fiscal year will make the applicant organization ineligible for a grant.
- **Realized/Unrealized Gain/Loss:** Add realized/unrealized gains (source: audit\*) and subtract realized/unrealized losses (source: audit\*).
- **Donated Assets - Capitalized:** See "Capitalizing an Asset" in the Glossary of Financial Terms to determine what may be entered here.

- **Depreciation:** Enter depreciation amount as a **negative number** (source: audit\*).
- **Change in Unrestricted Net Assets:** Form calculates sum total of the five (5) lines above it.
- **FY23-24 Unrestricted Net Assets - Beginning of Year:** Enter unrestricted net assets for the beginning of that fiscal year (source: audit\*). Do NOT use restricted or total audit amounts. (For later fiscal years, form calculates beginning of fiscal year net assets.)
- **UNRESTRICTED NET ASSETS - YEAR END:** Form calculates this amount by adding "Change in Unrestricted Net Assets" to "Net Assets - Beginning of Year". For fiscal years with audited/actual numbers, the result should match the audit report's unrestricted year-end net assets figure.
- **UNRESTRICTED NET ASSETS - YEAR END - FY24-25 ACTUAL/AUDITED:** If this line shows a deficit or negative number, provide a deficit reduction plan by completing that page in the Financial Form Attachments Excel file.

#### **Budget Expense Cost Center**

- **PROGRAM AREAS:** Use these columns to break out budgets for the organization's major programs (for example theatre production season, concert series, education program, exhibition series, etc.)
- **Cost Cent./ Exp. Page Variance:** The Total Expense Budget column should match the FY26-27 budget listed on the Expenses Page. If it does, all the lines in this page's "Cost Cent./Exp. Page Variance" column will be zero.
- **\*% of TOTAL REVENUE - GENERAL ADMINISTRATIVE + FUNDRAISING EXPENSES:** If general/administrative and fundraising expenses combined are greater than 25% of total revenue, provide an explanation by completing the Cost Center Explanation page in the Financial Form Attachments Excel file.

\* Organizations that do not have an independent audit performed by a CPA, should use appropriate numbers from an internal/board/CPA review.

## GLOSSARY OF FINANCIAL TERMS

### 2026-2027 OPERATING SUPPORT - ORGANIZATIONAL FINANCIAL FORMS

#### INCOME TERMS

**ADMISSIONS:** Revenue derived from the sales of admissions, tickets, season subscriptions, memberships, etc., for events presented or sponsored by the applicant.

**ADVERTISING:** Revenue received for sales of advertising in programs, etc.

**BOARD CONTRIBUTIONS:** Donations from current members of your board of directors.

**CORPORATE CONTRIBUTIONS/MATCHING:** Corporate contributions are unrestricted donations from businesses/corporations. Corporate Matching funds are business/corporate contributions made to match those already made by its employee(s) to the organization.

**CORPORATE SPONSORSHIPS:** Income received from businesses/corporations for sponsorship of programs, exhibits or performances in exchange for the business/corporation receiving advertising, tickets, etc.

**FOUNDATIONS:** Grants for programs or operating support from private, corporate or community foundations, and/or arts councils.

**INTEREST:** Interest earned from all bank accounts and investments. Also interest earned from endowments and trusts if being used for operations or programs.

**MEMBERSHIPS:** Fees collected annually from individuals or other entities by agencies incorporated as membership organizations. Membership fees do not include tuition funds earned from services provided to members.

For organizations that use “memberships” to include tickets or other benefits and contributions, they may apply to earned income only the portion that represents the value of goods and services received by the donor. The remaining portion may then be reported as Contributed Income (in line items for Board, Other Individuals, or Corporate/Matching Contributions).

**OTHER (Please Specify):** Total revenue from sources other than those listed higher on the page. Footnote and provide additional explanatory page if these lines total 5% or more of Total Income.

**OTHER INDIVIDUALS:** Unrestricted donations from all individual donors except board members (not expected to receive membership benefits or for a sponsorship).

**PROGRAM/EXHIBIT FEES:** Income received from the sale of services by organization, such as performance or residency fees, charges for services to other community organizations, government contracts for specific services, etc. Does not include corporate sponsorships.

**RENTALS:** Income from fees for use of facilities, equipment, costumes, etc.

**SALES/CONCESSIONS:** Income from catalog sales, gift shop sales, concessions, CDs, etc.

**SEASON TICKETS:** Revenue from sale of season tickets, subscriptions, memberships for events presented or sponsored by applicant.

**SPECIAL FUNDRAISING EVENTS:** Gross income received for a gala, dinner dance, auction, raffle, or other special event done by an organization to raise money to support its programs.

**WORKSHOP/CLASS TUITION:** Funds earned from student participation in classes, workshops, etc.

## EXPENSE TERMS

**ARTISTIC:** Personnel expenses (Permanent Staff or Contracted/Temporary) paid to artists to create art.  
Does not include teaching artists.

**BANK/CREDIT CARD FEES:** Expenses associated with bank accounts and transactions. Merchant fees charged for credit card transactions.

**CONTRACTED/TEMPORARY SERVICES:** Compensation paid to firms or persons for the services of individuals or groups who are not normally considered employees or staff of applicant, but who are consultants, employees of other organizations, temporary or freelance workers. Includes fees paid for guest artists, teachers contracted on a class by class basis, technical services, attorneys, accountants, auditors, etc.

**DUES/SUBSCRIPTIONS:** Expense for professional memberships, publications, etc.

**EQUIPMENT (NON-CAPITALIZED):** Costs of purchasing expendable office equipment, maintenance agreements, equipment leases, repairs, etc. Do not include capital expenditures.

**INSURANCE:** Insurance for liability, property, etc. Does not include benefits for employees.

**LOAN & INTEREST REPAYMENT:** List the total expense for the fiscal year for which you are applying for funds.

**OFFICE RENTAL:** Expenses associated with office space rental.

**OFFICE SUPPLIES:** Cost of consumable and small items for office needs.

**OTHER (Please Specify):** Total expenses from sources other than those listed higher on the page. Footnote and provide additional explanatory page if these lines total 5% or more of Total Expenses.

**PERF./EXHIBIT HALL RENTAL:** Expenses associated with performance/exhibit hall rental.

**PERMANENT STAFF SALARIES/BENEFITS:** Any salary, hourly wages or other compensation paid to permanent full-time or part-time staff, including any payroll taxes and benefits such as insurance, workers compensation and parking.

**POSTAGE:** Expenses for postage not included with PR/Development/Marketing or Special Fundraising event expense lines.

**PR/MARKETING/DEVELOPMENT:** Expenses for materials such as brochures, ads, direct mail, newsletters, etc. Does not include payments to individuals or firms that belong under "Administrative Salaries/Benefits" or "Contracted Services."

**PRINTING:** Printing/copying expenses not included in the PR/Marketing/Development or Special Fundraising Event lines.

**PROGRAM AREAS (COST CENTER FORM):** Use the Program Area columns to break out your major programs (for example main stage series, 2nd stage series, education program). It is not necessary to use all three (3) columns. Do not use a column to break out expenses specific only to your funding request.

**REMAINING PROGRAM EXPENSES:** Expenses related to an organization's programs not included in administrative fees, personnel expenses or performance/exhibit hall rental. This includes fees that are directly related to performances, exhibitions, classes and/or other programming (e.g., renting exhibitions, costumes, lights, staging, sets, shipping, royalties, ASCAP, etc.). Include all costs directly related to travel of people specifically identified with the programming.

**SPECIAL FUNDRAISING EVENTS:** Includes all expenses for special fundraisers, including rentals, printing, advertising, mailings, postage, etc.

**TEACHING ARTISTS:** Personnel expenses (Permanent Staff or Contracted/Temporary) paid to someone to teach an arts education program, even if the hired individual is an artist.

**TRAVEL:** Reimbursement or direct payment for mileage/travel costs to staff and volunteers.

**UTILITIES (INCLUDE PHONE/INTERNET):** Expenses for electricity, gas, water, telephone, long-distance service and Internet connections.

## OTHER FINANCIAL TERMS

**ASSET:** A resource, object or right of measurable financial value owned by the organization, such as cash, securities, accounts receivable, land, buildings and/or equipment.

**CAPITALIZING AN ASSET:** The process of recording the cost of land, buildings, equipment, or in-kind contributions as fixed assets, rather than expensing them when they are initially acquired by the organization. The amount of the expenditure that triggers capitalization is determined by each organization.

**DEBT ASSOCIATED W/ FIXED ASSET:** Outstanding debt incurred to purchase a fixed asset such as mortgages. The current portion of debt must be paid within 1 year. Long term debt will come due any time after 1 year.

**DEPRECIATION:** The annual charge for expensing the cost of equipment over its useful life.(On the Summary Page, be sure to enter depreciation as a NEGATIVE number.)

**FIXED ASSET, NET:** Tangible assets minus accrued depreciation, such as property and equipment, purchased for long-term use and not quickly convertible to cash.

**INDEPENDENT AUDIT:** A series of procedures followed by a professional CPA to test, on a selective basis, transactions and internal controls in effect, all to form an opinion on the fairness of the organization's annual financial statements.

**IN-KIND CONTRIBUTIONS:** The real or estimated value of goods and services provided to an organization by outside parties at no cash cost to the organization. **In-kind goods and services may not be used as a match or as part of a budget.**

**INTERNAL REVIEW:** An internal review consists of a profit and loss statement for the fiscal year and a letter, signed by three board members (not to include the treasurer), stating that they have reviewed the organization's financial records. An internal review may be prepared by a CPA.

**LIQUID UNRESTRICTED NET ASSETS:** Amount of flexible funds available to support operations/pay operating expenses. Typically includes a combination of cash, investments, receivables, and prepaid expenses less all liabilities related to fixed assets such as property, equipment, and/or leasehold improvements.

**OPERATING SURPLUS (DEFICIT):** The net difference between unrestricted general operating revenues and expenses for the fiscal year.

**REALIZED/UNREALIZED GAIN/LOSS:** A gain or loss is the amount by which the market value of an investment held by the organization exceeds (or is less than) its original cost. Gains and losses are "unrealized" as long as the organization holds the investments. They become "realized" once the investments are sold.

**RESTRICTED FUNDS:** An organizational fund that contains cash and/or cash equivalents with specific legal restrictions imposed on their use by a contributor, funding agency, etc.

**TEMPORARILY RESTRICTED NET ASSETS:** Organizational net assets that contain donor imposed restrictions that expire upon the passage of time or once specific actions have occurred.

**UNRESTRICTED FUNDS:** Sometimes called operating funds or general funds, this fund group contains the cash and cash equivalents upon which no restrictions have been placed by an external authority, such as a donor or foundation. The bulk of organizational financial activity is usually handled through these funds.

**UNRESTRICTED NET ASSETS:** The remaining organizational assets once liabilities, permanently restricted funds and temporarily restricted funds have been deducted from total assets.

## 2026-2027 OPERATING SUPPORT - ORGANIZATIONAL INCOME

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

Current Fiscal Year Ends On: \_\_\_\_\_

	FY23-24 ACTUAL/ AUDITED	FY24-25 ACTUAL/ AUDITED	FY25-26 BUDGET Current FY	FY26-27 BUDGET Next FY	FY27/FY26 VARIANCE
<b>EARNED INCOME</b>					
Memberships					0%
Season Tickets					0%
Admissions					0%
Program/Exhibit Fees					0%
Corporate Sponsorships					0%
Interest					0%
Advertising					0%
Workshop/Class Tuition					0%
Special Fundraising Events					0%
Rentals					0%
Sales/Concessions					0%
Other: (Please Specify)					0%
Other: (Please Specify)					0%
<b>SUBTOTAL EARNED</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>CONTRIBUTED/UNEARNED</b>					
CORAC Operating/Program Sup. Grant					0%
Other City of Raleigh Funding					0%
COVID-19 Relief Funding					
- Federal Government					0%
- State/Local Government					0%
- Other Funders/Foundations					0%
United Arts Grant(s)					0%
Grant(s) - Other Municipalities					0%
NC Arts Council					0%
Federal/Other State Grant(s)					0%
Foundations					0%
Board Contributions					0%
Other Individuals					0%
Corporate Contributions/Matching					0%
Other: (Please Specify)					0%
Other: (Please Specify)					0%
<b>SUBTOTAL CONTRIBUTED</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>TOTAL ALL INCOME</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

Whenever you see "0" on a sample form, it means that the real form will automatically do the math for you.



## 2026-2027 OPERATING SUPPORT - ORGANIZATIONAL EXPENSES

	FY23-24 ACTUAL/ AUDITED	FY24-25 ACTUAL/ AUDITED	FY25-26 BUDGET Current FY	FY26-27 BUDGET Next FY	FY27/FY26 VARIANCE
<b>PERSONNEL</b>					
Permanent Staff Salaries/Benefits					
- Administrative					0%
- Artistic					0%
- Technical/Production					0%
- Education/Teaching Artists					0%
- Other: (Please Specify)					0%
Contracted/Temporary Services					
- Administrative					0%
- Artistic					0%
- Technical/Production					0%
- Education/Teaching Artists					0%
- Legal					0%
- Accounting					0%
- Consultant					0%
- Other: (Please Specify)					0%
<b>SUBTOTAL PERSONNEL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>PROGRAM/OPERATING</b>					
Perf./Exhibit Hall Rental					0%
PR/Marketing/Development					0%
Remaining Program Expenses					0%
Special Fundraising Events					0%
Office Rental					0%
Utilities (Include Phone/Internet)					0%
Insurance					0%
Postage					0%
Printing					0%
Office Supplies					0%
Travel					0%
Dues/Subscriptions					0%
Equipment (Non-Capitalized)					0%
Bank/Credit Card Fees					0%
Loan & Interest Repayment					
- City Loan: (Please Specify)					0%
- Other: (Please Specify)					0%
Other: (Please Specify)					0%
Other: (Please Specify)					0%
<b>SUBTOTAL PROGRAM/OPERATING</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>TOTAL EXPENSES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

Artistic expenses are paid to someone who is hired to create art. This does not include Teaching Artists.

Teaching Artist expenses are paid to someone who is hired to teach an arts education program. They may be an artist, but they are being paid to teach in this situation.

Applicant Organization Name

## 2026-2027 OPERATING SUPPORT - ORGANIZATIONAL SUMMARY

	FY23-24 ACTUAL/ AUDITED	FY24-25 ACTUAL/ AUDITED	FY25-26 BUDGET Current FY	FY26-27 BUDGET Next FY	FY27/FY26 VARIANCE
Total Income	\$0	\$0	\$0	\$0	0%
Total Expenses	\$0	\$0	\$0	\$0	0%
<b>OPERATING SURPLUS (DEFICIT)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

Realized/Unrealized Gain/Loss  
 Donated Assets - Capitalized  
 Other Adjustments (Describe Below)  
 Depreciation  
 Change in Unrestricted Net Assets  
 Unrestricted Net Assets - Beginning  
 of Fiscal Year

If your organization depreciates assets, always enter the expense as a negative number here.

**UNRESTRICTED NET ASSETS  
 - YEAR END**

Be sure to enter this number on your budget form. The green color will disappear once you enter a number.

### LIQUID UNRESTRICTED NET ASSET DASHBOARD

Unrestricted Net Assets - Year End	\$0	\$0	\$0	\$0
Total Fixed Assets, Net				
Debt Associated with Fixed Assets				
- Current Portion of Debt				
- Long-Term Portion of Debt				
Total Debt Associated with Fixed Assets	\$0	\$0	\$0	\$0
<b>LIQUID UNRESTRICTED NET ASSETS        - YEAR END</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

TOTAL FY26-27 CITY FUNDING REQUEST AS % OF FY24-25 EXPENSES:	0.00%	(max. 25.00%)
TOTAL FY26-27 CITY FUNDING REQUEST AS % OF FY26-27 BUDGETED EXPENSES:	0.00%	(max. 25.00%)

**DESCRIPTION OF OTHER ADJUSTMENTS:** (Text box limit is 1,085 characters or the text visible in the box, whichever is less.)

Applicant Organization Name

## 2026-2027 OPERATING SUPPORT - BUDGET VARIANCE EXPLANATION

### INSTRUCTIONS

On this page provide a detailed narrative explanation for FY25-26 vs. FY26-27 variances of 25% or more over or under budget. Please use budget line item names rather than Excel row numbers.

Budget Line Name:

Explanation:

Budget Line Name :

Explanation:

Budget Line Name:

Explanation:

Budget Line Name:

Explanation:

Budget Line Name:

Explanation:

Budget Line Name:

Explanation:

Applicant Organization Name

## 2026-2027 OPERATING SUPPORT - BUDGET EXPENSE COST CENTER PAGE

	General Admin.	Fund- raising	PROGRAM AREAS (Please Specify Below.)				Total Expense Budget
			Enter Program #1 here.	Enter Program #2 here.	Enter Program #3 here.	Enter Program #4 here.	
<b>PERSONNEL</b>							
Permanent Staff Salaries/Benefits							\$0
- Administrative							\$0
- Artistic							\$0
- Technical/Production							\$0
- Education/Teaching Artists							\$0
- Other: (Please Specify)							\$0
Contracted/Temporary Services							\$0
- Administrative							\$0
- Artistic							\$0
- Technical/Production							\$0
- Education/Teaching Artists							\$0
- Legal							\$0
- Accounting							\$0
- Consultant							\$0
- Other: (Please Specify)							\$0
<b>SUBTOTAL PERSONNEL</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>PROGRAM/OPERATING EXPENSES</b>							
Perf./Exhibit Hall Rental							\$0
PR/Marketing/Development							\$0
Remaining Program Expenses							\$0
Special Fundraising Events							\$0
Office Rental							\$0
Utilities (include Phone/Internet)							\$0
Insurance							\$0
Postage							\$0
Printing							\$0
Office Supplies							\$0
Travel							\$0
Dues/Subscriptions							\$0
Equipment (Non-Capitalized)							\$0
Bank/Credit Card Fees							\$0
Loan & Interest Repayment							\$0
- City Loan (Please Specify)							\$0
- Other: (Please Specify)							\$0
Other: (Please Specify)							\$0
Other: (Please Specify)							\$0
<b>SUBTOTAL PROGRAM/OPERATING</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL EXPENSES</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>% of TOTAL REVENUE</b>	0%	0%	0%	0%	0%	0%	0%
<b>% of TOTAL REVENUE - GENERAL/ADMINISTRATIVE + FUNDRAISING EXPENSES*</b>	0%						

Applicant Organization Name

## E. Community Information

Case Id: 31162

Name: Mark-Test 3 - 2025

*Last modified by Leroy Brown on 10/29/2025 6:29 PM*

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### E. Community Information

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Please tell us more about the people who engage with your organization and its programming by providing the information requested below.

**E.1. Board Information Form:** Please complete the Board Information Form found [here](#) and upload it below.

☐ **Board Information Form \*Required**

*\*\*No files uploaded*

**E.2. Participation Statistics Form:** Please complete the Participation Statistics Form found [here](#) and upload it below.

☐ **Participation Statistics Form \*Required**

*\*\*No files uploaded*

#### CREDENTIALS OF LEAD PERSONNEL

Provide brief resumes of key organizational leadership staff – both artistic and administrative. Credentials provided should demonstrate staff have the expertise and experience to successfully carry out their roles and responsibilities. They should include applicable work experience, training and education background. Do not write job descriptions.

**E.3. Name:**

**Title:**

**Credentials:**

**Would you like to add another staff member?**

☐ Yes

**E.4. Name:**

**Title:**

**Credentials:**

**Would you like to add another staff member? (No selections made)**

☐ Yes

☐ No

# RALEIGH ARTS COMMISSION

## 2026-2027 BOARD INFORMATION FORM

### - OPERATING SUPPORT



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

**INSTRUCTIONS:** Provide information about your organization's Board of Directors below.  
Do not include data on advisory boards.

BOARD MEETINGS PER YEAR: \_\_\_\_\_

% OF BOARD MEMBERS WHO CONTRIBUTED FINANCIALLY LAST FISCAL YEAR: \_\_\_\_\_

	2025-2026	2024-2025	2023-2024
<b>RACE/ETHNICITY - # OF PEOPLE</b>	# of People	# of People	# of People
American Indian/Alaska Native			
Asian			
Black/African-American			
Latinx/Hispanic			
Mixed Race			
Native Hawaiian/Pacific Islander			
White/Caucasian			
Other: Please Specify			
<b>TOTAL PEOPLE:</b>	0	0	0

	% of Board	% of Board	% of Board
<b>RACE/ETHNICITY - % OF BOARD</b>	% of Board	% of Board	% of Board
American Indian/Alaska Native	0%	0%	0%
Asian	0%	0%	0%
Black/African-American	0%	0%	0%
Latinx/Hispanic	0%	0%	0%
Mixed Race	0%	0%	0%
Native Hawaiian/Pacific Islander	0%	0%	0%
White/Caucasian	0%	0%	0%
Other: Please Specify	0%	0%	0%
<b>TOTAL PERCENTAGE:</b>	0%	0%	0%

	# of People	# of People	# of People
<b>OTHER STATISTICS</b>	# of People	# of People	# of People
Senior Citizens			
People with Disabilities			

Whenever you see "0" on a sample form, it means that the real form will automatically do the math for you.

#### BOARD OFFICERS

FIRST & LAST NAME	OCCUPATION	COMPANY	YRS ON BOARD
Board President/Chair:			
Treasurer:			
Secretary:			
Enter total years on the Board of Directors in any and all positions.			

### EX OFFICIO/NON-VOTING MEMBERS

<u>FIRST &amp; LAST NAME</u>	<u>OCCUPATION</u>	<u>COMPANY</u>	<u>YRS ON BOARD</u>

## BOARD MEMBERS

[illegible]

Select the specific Prior Years from these dropdowns and then enter the data.



**Raleigh Arts**

## 2026-2027 PARTICIPATION STATISTICS FORM - OPERATING SUPPORT

[Click here to go to Instructions and Glossary of Terms.](#)

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

### PARTICIPANTS

#### **Audience - Per Person Counts**

Concerts/Performances  
Exhibitions  
Festivals\*  
Classes/Workshops for Preschool & Grades K-12  
Classes/Workshops for Adults  
School Residencies/Classes/Programs  
Services  
Special Fundraising Events

**Total Audience - Per Person Counts:**

#### **Audience - Household Counts (virtual programs only)**

Concerts/Performances  
Exhibitions  
Festivals\*  
Classes/Workshops for Preschool & Grades K-12  
Classes/Workshops for Adults  
School Residencies/Classes/Programs  
Services  
Special Fundraising Events

**Total Audience - Household Counts:**

#### **Personnel (Do NOT include artists in this section.)**

Permanent Full-Time Employees  
Permanent Part-Time Employees  
Contracted/Temporary

**Total Personnel:**

#### **Artists**

Paid Artists (not including teaching artists)  
Volunteer Artists (not including students)

**Total Artists:**

#### **Volunteers**

Board of Directors  
Other Volunteers (Do NOT include artists.)

**Total Volunteers:**

**TOTAL PARTICIPANTS (Without Household Counts):**

### ANNUAL VOLUNTEER HOURS

(Include Artists, Board of Directors & Other Volunteers.)

# of People	# of Events	# of People	# of Events
0	0	0	0

  

Households #	# of Events	Households #	# of Events
0	0	0	0

  

# of People		# of People	
0		0	

  

# of People	Amount Paid	# of People	Amount Paid
0		0	

  

# of People		# of People	
0		0	

  

	Hours/Yr.		Hours/Yr.

Whenever you see "0" on a sample form, it means that the real form will automatically do the math for you.



The Prior Years you select on the previous page will auto-fill here.

**PARTICIPANTS - RACE/ETHNICITY (No Households)**

	# of People	% Partcpnts.	# of People	% Partcpnts.
American Indian/Alaska Native		0%		0%
Asian		0%		0%
Black/African American		0%		0%
Latinx/Hispanic		0%		0%
Mixed Race		0%		0%
Native Hawaiian/Pacific Islander		0%		0%
White/Caucasian		0%		0%
Other: (Please Specify)		0%		0%
<b>TOTAL PARTICIPANTS (Without Households):</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>

If this isn't 100%, then "Total Participants" in this section doesn't equal "Total Participants (Without Household Counts)" on previous page.

**CLASSES/WORKSHOPS/RESIDENCIES-RACE/ETHNICITY**

	# of People	% of Students	# of People	% of Students
American Indian/Alaska Native		0%		0%
Asian		0%		0%
Black/African American		0%		0%
Latinx/Hispanic		0%		0%
Mixed Race		0%		0%
Native Hawaiian/Pacific Islander		0%		0%
White/Caucasian		0%		0%
Other: (Please Specify)		0%		0%
<b>TOTAL CLASSES/WORKSHOPS/RESIDENCIES:</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>

If this is not 100%, then total number of students on this page does not match total students on previous page (per person count of classes/workshops for children & adults, as well as residencies).

**PARTICIPANTS - AGE GROUPS (Without Households)**

	# of People	% Partcpnts.	# of People	% Partcpnts.
Children/Youth (preschool & grades K-12)		0%		0%
College/University Students		0%		0%
Adults		0%		0%
Senior Citizens (age 65 or older)		0%		0%
<b>TOTAL PARTICIPANTS - AGE GROUPS (No Households):</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>

Briefly describe below how you determined the numbers on the Participation Statistics Form (i.e by actual count, by survey, etc.) (Text box limit is 1,875 characters or the amount of text visible in the box, whichever is less.)

If this is not 100%, then total number of participants by age on this page does not match "Total Participants (Without Household Counts)" on previous page for the applicable fiscal year.

Applicant Organization Name

\* Please list the festivals produced by your organization here. (Text box limit is 775 characters or the amount of text visible in the box, whichever is less.)

# PARTICIPATION STATISTICS FORM - OPERATING SUPPORT

## INSTRUCTIONS AND GLOSSARY OF TERMS

[Click here to return to the Participation Statistics Form.](#)

### GENERAL INSTRUCTIONS

Complete the form for all arts programming produced by your organization for the last two completed fiscal years. Select the appropriate fiscal year from the dropdown menus at the top of each column. **Note that statistics must be based on organizational data and not on census or municipal, county or state demographic information.**

### GLOSSARY OF TERMS

#### Artists (paid and volunteer):

# of People: The number of individual paid and/or volunteer artists participating with the organization for the fiscal year. This number should not include teaching artists/educators or students.

#### Classes/Workshops for Adults:

# of Events: The number of distinct classes/workshops available to the general public for each fiscal year. Do not multiply by the number of days a class or workshop runs. See example below.

# of People: The total number of participants for all classes/workshops for the year. See example below.

Example: Agency XYZ offers "Introduction to Dance" on Mondays and Fridays with 10 participants. They also offer the same class on Tuesdays and Thursday with 10 participants. Count as two distinct classes with 20 total participants attending.

#### Classes/Workshops for Preschool & Grades K-12:

# of Events: The number of distinct classes/workshops available to the general public for each fiscal year. Do not multiply by the number of days a class or workshop runs. See example above.

# of People: The total number of participants for all classes/workshops for the year. See example above.

#### Concerts/Performances:

# of Events: The total number of concerts/performances for each fiscal year. For theatrical productions use the total calculated by multiplying each production times the number of performances.

# of People: The total attendees for all concerts/performances.

#### Exhibitions:

# of Events: The total number of distinct exhibitions. Do not multiply by number of days each exhibition is open.

# of People: The total attendees for all days of all exhibitions.

#### Festivals:

# of Events: The number of distinct festivals. Do not multiply by number of days per festival.

# of People: The total attendees for all days of all festivals.

#### School Residencies/Classes/Workshops:

# of Events: The total number of arts education programs provided at or in partnership with academic institutions for each fiscal year. Do not multiply by number of days in each program.

# of People: The total number of students for all school residencies, classes and/or workshops.

#### Services: (For service organizations. All other organizations contact staff for further instructions.)

# of Events: The number of events for which services were provided.

# of People: The total number of people served or receiving services.

#### Special Fundraising Events:

# of Events: The number of distinct special fundraising events.

# of People: The total number of attendees for all special fundraising events.

## F. Universal Accessibility

Case Id: 31162

Name: Mark-Test 3 - 2025

Last modified by Leroy Brown on 10/29/2025 6:29 PM

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### F. Universal Accessibility

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***Disability is not a 'brave struggle' or 'courage in the face of adversity'... Disability is an art.  
It's an ingenious way to live.***

**- Neil Marcus, Actor, Playwright, Performance Artist**

The Universal Accessibility Checklist is one tool used by the Raleigh Arts Commission to help applicants show how successfully their organizations engage people with disabilities in their programming and activities. Inclusion is the act of creating environments in which someone with a disability is and feels welcomed, respected, supported, and valued to fully participate. A universally accessible program is one that a person with a disability can both attend and enjoy the same high-quality experience as other participants. The focus is not on the minimum standards set out by the Americans with Disabilities Act, but on the use of best practices with a goal of full inclusion, which is at the core of "universal accessibility." The Commission understands that most organizations are not fully universally accessible, but it is interested in learning how applicants are moving toward that goal.

For more information about universal accessibility and completing Step F, check out the FAQ here: [2026-2027 Universal Accessibility Checklist](#)

#### F.1. PLANNING, IMPLEMENTING, AND EVALUATING ACCESSIBILITY

***How does your organization approach accessibility?***

Stated Policy or Mission Statement Regarding Accessibility and Accommodations	Yes / No / Partially / N/A
Established Access Committee that Includes People with Various Disabilities to Advise on Access Issues	Yes / No / Partially / N/A
Established Accessibility Plan	Yes / No / Partially / N/A

**What was the last date this plan was updated/reviewed?**

#### F.2. ACCESS TO FACILITY *How are your facilities accessible?*

Has the federal government's <i>ADA Checklist for Existing Facilities</i> been completed for the location(s)?	Yes / No / Partially / N/A
Designated Accessible Parking Spaces	Yes / No / Partially / N/A
with a Clear and Accessible Path of Entry to Facility	Yes / No / Partially / N/A
Ground Level or Ramped Entrance to Facility	Yes / No / Partially / N/A
Exterior Signage with Directions to Accessible Entrance(s)	Yes / No / Partially / N/A
Appropriate Interior Signage for People with Low Vision/ Who Are Blind (large print with high contrast and braille)	Yes / No / Partially / N/A
Elevators for Multi-Level Facilities	Yes / No / Partially / N/A
Integrated and Dispersed Seating in Assembly Areas for People with Mobility Issues	Yes / No / Partially / N/A
Accessible Restrooms (doorways  door handles  sinks  soap  and paper dispensers  stall size  door swing  water fountains)	Yes / No / Partially / N/A

Accessible Emergency Exits and Audio/Visual Emergency Alarms	Yes / No / Partially / N/A
Accessible Box Office  Stage  Dressing Rooms  Exhibit Areas  Display Cases  and Counters	Yes / No / Partially / N/A
Accessible Administrative Offices	Yes / No / Partially / N/A

#### ACCESSIBILITY IN PRIOR FISCAL YEAR:

Please indicate the accessibility accommodations and services your organization provided in the last completed fiscal year selected below.

#### F.3. Prior Fiscal Year Data is from (please select year): (No selections made)

- ☐ FY2024-2025
- ☐ FY2023-2024
- ☐ FY2025 - Calendar Fiscal Year
- ☐ FY2024 - Calendar Fiscal Year
- ☐ FY2023 - Calendar Fiscal Year

#### ACCESS TO PROGRAMS AND SERVICES

##### F.4. For People with Limited Mobility:

	ADA Accommodations Offered	# Events W/ADA Accommdns.	# People Using ADA Accommdns.
Host Programs and Events at Wheelchair Accessible Locations	Yes/No/Sometimes/Upon Request/N/A		

##### F.5. For People Who Have Low Vision or Are Blind:

	ADA Accommodations Offered	# Events W/ADA Accommdns.	# People Using ADA Accommdns.
Large Print Materials	Yes/No/Sometimes/Upon Reqst/N/A		
Large Print Labeling with High Contrast	Yes/No/Sometimes/Upon Reqst/N/A		
Braille Materials	Yes/No/Sometimes/Upon Reqst/N/A		
Computer Disks	Yes/No/Sometimes/Upon Reqst/N/A		
Tactile Tours	Yes/No/Sometimes/Upon Reqst/N/A		
Audio Description	Yes/No/Sometimes/Upon Reqst/N/A		

##### F.6. For People Who Are Hard of Hearing or Deaf:

	ADA Accommodations Offered	# Events W/ADA Accommodns.	# People Using ADA Accommdns.
Assistive Listening Devices	Yes/No/Sometimes/Upon Reqst/N/A		
Real Time Captioning	Yes/No/Sometimes/Upon Reqst/N/A		
Sign Language Interpreters	Yes/No/Sometimes/Upon Reqst/N/A		
Scripts and Text of Verbal Presentations	Yes/No/Sometimes/Upon Reqst/N/A		
Open or Closed Captioned Audio-Visual Presentations	Yes/No/Sometimes/Upon Request/N/A		
TTY/TDD	Yes/No/Sometimes/Upon Reqst/N/A		

**F.7. For People Who Have Autism and/or Sensory Disorders:**

	<b>ADA Accommodations Offered</b>	<b># Events W/ADA Accommodations</b>	<b># People Using ADA Accommdns.</b>
Relaxed Performances/Programs	Yes/No/Sometimes/Upon Reqst/N/A		
Sensory Kits	Yes/No/Sometimes/Upon Reqst/N/A		
Quiet Space	Yes/No/Sometimes/Upon Reqst/N/A		
Social Narratives/Visual Schedules	Yes/No/Sometimes/Upon Reqst/N/A		

**F.8. COMMUNICATIONS ACCESS**

*How accessible are your organization's communications platforms?*

**Fully Accessible Website (including alt tags and captioned video)**

- ☐ Yes - website has built-in Access features
- ☐ Website uses third-party overlay
- ☐ Partially
- ☐ No

**Have an Access Webpage**

- ☐ Yes
- ☐ No

**F.9. MARKETING TO ENGAGE DISABILITY COMMUNITIES**

*How does your organization market its accommodations and services to the general public?*

Post Access Information/Accommodations on Website other than on Access Web Page	Yes / No / Sometimes
Include Access Information/Accommodations in ALL Marketing Collateral (i.e. newsletters  brochures  flyers  posters  emails)	Yes / No / Sometimes
Appropriate Disability Symbols Used in All Marketing Collateral (both print and electronic)	Yes / No / Sometimes
Publicize Accessibility through media (press releases  calendar listings  etc.)	Yes / No / Sometimes
Publicize Accessibility through Partnerships with Disability Organizations	Yes / No / Sometimes

**F.10.** Please describe any other ways that your organization and programs are inclusive of people with disabilities and/ or moving toward the goal of universal accessibility. Do NOT use this text box to discuss non-disability-specific accommodations such as for community members with economic constraints, foreign-language speakers, etc.

**(Optional)**

**F.11. Who is your organization's accessibility coordinator?**

**Name:**

**Title:**

**Phone:**

**Email Address:**

## G. Application Attachments

Case Id: 31162

Name: Mark-Test 3 - 2025

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### G. Application Attachments

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Please demonstrate the quality of your organization's programming, evaluation processes, and marketing to the general public by submitting the information requested below.

#### Samples of Programmatic Evaluation Tools:

Please upload representative samples of key evaluation tools used for funded programming, such as surveys, evaluation forms, interview questions, etc. Do NOT submit evaluation results with the tools; any samples with results will be rejected. Upload a maximum of 2 files. Max file size 100 MB for each file submitted.



**Programmatic Evaluation Tool Sample \*Required**

*\*\*No files uploaded*

#### Marketing Materials:

Please upload representative samples of publicity and marketing/public relations materials such as press clippings, brochures, advertisements, etc. Materials should demonstrate the quality of the applicant's marketing of the programming for which funding is being sought and the quality of the programming itself. Do NOT submit testimonials, links, or any other materials not requested; they will be rejected. Upload a maximum of 6 files. Max file size 100 MB for each file submitted.



**Marketing Material \*Required**

*\*\*No files uploaded*

#### Work Sample (Optional):

Showing grant panelists the quality of the programming for which funding is being sought through the submission of a video file, audio file, or other electronic media is optional, though highly recommended. To effectively demonstrate programming quality, the submission should include actual work samples from applicants' arts programming. Do NOT submit participant, staff, and/or other testimonials; work samples that include text or audio commentary; and/or commercials. They will be rejected.

Parameters for submitting audio-visual documentation are:

- Select one work sample format to submit – i.e., either photos, audio, or video.
- Runtime/Length: If submitting a video or audio work sample, **total runtime must not exceed five minutes when submitted, or the work sample will be rejected.**
- Acceptable File Formats for Photos or Audio work samples: JPG, MP3, PDF

**What type of Work Sample are you submitting? Select one option below.**

- ☐ Video
- ☐ Audio File
- ☐ Photos
- ☐ None



**Work Sample**

*\*\*No files uploaded*

## Submit

Case Id: 31162

Name: Mark-Test 3 - 2025

Last modified by Leroy Brown on 10/29/2025 6:29 PM

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## Submit

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**By signing this application, the applicant hereby assures the City of Raleigh and the City of Raleigh Arts Commission that:**

☐ The activities and services for which assistance is sought will be administered by or under the supervision of the applicant.

☐ The filing of this application has been duly authorized by the governing body of the applicant.

☐ The applicant will expend funds received as a result of this application solely for the described project or program.

☐ I will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.), the Americans with Disabilities Act of 1990 (42 U.S.C. 12101-12213) and, where applicable, Title IX of the Education Amendments of 1972 (20 U. S.C. 1681 et seq.)

**Executive Director or Board Chair/ President**

**Name:**

**Title:**

**Email:**

**Signature:**

*\*\*Not signed*

**Date:**