Raleigh Arts

2027-2028
Raleigh Arts Commission

Program Support 2 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

Last modified by Leroy Brown on 10/09/2026 6:29 PM

Case Id: 31226
Name: Test Case-Mark Editing - 2025

A. Applicant Information

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:

A.13. Has your organization applied for a Raleigh Arts Commission grant before?
Yes

A.14. In which grant category is your organization applying?
❍Program Support 2

Funding Eligibility Documents:

A.15. If any changes have been made to the documents listed below since January 2026, please upload the newest versions:

☐ **Conflict of Interest Policy (if required)**
***No files uploaded*

☐ **Bylaws (if required)**
***No files uploaded*

☐ **Articles of Incorporation (if required)**
***No files uploaded*

☐ **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*

B. Organizational Overview

Last modified by Leroy Brown on 10/09/2026 6:29 PM

Case Id: 31226
Name: Test Case-Mark Editing - 2025

B. Organizational Overview and Programming

Please tell us about your organization and programming

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

B.2. Organizational Overview: Please provide a general overview of your organization and all of your programming. This overview can include program components outside of Raleigh, not open to the general public, and/or not arts-related.

C. Project Overview

Last modified by Leroy Brown on 10/09/2026 6:29 PM

Case Id: 31226
Name: Test Case-Mark Editing - 2025

Project Overview

Please provide the following information.

C.1. Project Name:

Remember, applicant organizations must be headquartered in Raleigh to be eligible for this funding, and funded projects must take place in Raleigh.

C.2. Project Location:

PROJECT DATES
C.3. Start Date:

C.4. End Date:

C.5. Project Performance/Exhibition Dates (If Applicable):

C.6. Estimated Total Participants (event attendees, students, and/or others):

C.7. Estimated Total Staff (artists, contractors, etc.):

C.8. Please provide a brief description or overview of your proposed programming.

D. Grant Narrative

Last modified by Leroy Brown on 10/09/2026 6:29 PM

Case Id: 31226
Name: Test Case-Mark Editing - 2025

D. Grant Narrative

Please provide the following information.

Grant Category Selected in Applicant Information Section

- ❍ Program Support 2

Be sure to read the evaluation criteria listed in the Program Support 2 Grant Guidelines thoroughly before writing the narrative. Answers to the narrative questions should clearly address the Program Support 2 evaluation criteria, which can also be found in the grant guidelines.

D.1. Program Description:
Please provide a detailed description of your proposed programming, including a breakdown of activities and/or components, such as shows, concerts and/or exhibitions planned. For education programs, include types of classes, workshops, and/or programs planned.

D.2. 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?

D.3. Participants:
Please describe the intended participants/audience, including estimated numbers and racial and cultural composition. How will the general public, and Raleigh residents in particular, be involved in this programming?

D.4. Planning:
Please provide a brief timeline for the program (planning, implementation, and evaluation).

D.5. Personnel:
Please describe the artistic leadership and the artists to be involved in the program, including how and why they were chosen, as well as their racial and cultural backgrounds. Also provide this information for program directors/ administrators. (If you have not yet selected the artists, describe the kinds of artists you intend to involve and how you will select them.)

D.6. Goals:
How will you know if this programming has been successful? Please state two or three goals you will have achieved by its conclusion.

D.7. Evaluation:
What mechanisms will you use to track progress during the programming? What tools will you use to evaluate whether or not goals were achieved? How will you capture lessons learned and next steps to take as a result of this program, particularly if goals were not achieved?

D.8. Program Marketing:
Briefly describe how the program will be publicized and promoted to reach intended participants, as well as the general public as a whole.

D.9. Community Support:
Please describe the extent of community support for this program, including financial and in-kind contributions, volunteers, collaboration/partnerships, etc.

D.10. Leadership:
Briefly describe your organization's leadership, both key staff and the board of directors. Outline structure and key responsibilities, including committee names and functions.

D.11. Finance:
Briefly describe your organization's financial management, including oversight, internal controls, and any long-term financial initiatives.

E. Financial Information

Case Id: 31226
Name: Test Case-Mark Editing - 2025

Last modified by Leroy Brown on 10/09/2026 6:29 PM

E. Financial Information

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

Grant Category Selected in Applicant Information Section

- ❍ Program Support 2

E.1. Please enter your grant request amount:

$0.00

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

- ❍ Yes
- ❍ No

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

- ❍ Yes
- ❍ No

E.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."

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

☐ **Audit Report**

***No files uploaded*

E.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**

***No files uploaded*

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

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

E.3a. Program Support 2 Financial Forms

Please complete the standard fiscal year Financial Form found here and upload.

☐ **Standard Financial Form *Required**

***No files uploaded*

E.3b. Program Support 2 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
2027-2028 PROGRAM SUPPORT 2 - 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.
- **FY26-27/FY27-28 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) - FY25-26 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.
- **FY24-25 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 - FY25-26 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.

Project Budget Page

- **Variance:** In the budget for the upcoming year, Total Expenses should equal Total Income, and the variance should be $0.
- **Remaining Project Expenses:** Expenses related to the proposed project not included in personnel expenses, space rental, and/or travel. 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.). Use the Remaining Project Expenses spreadsheet to provide a breakdown of these expenses.
- **In-Kind Contributions:** If in-kind contributions are expected for the proposed project, use the "Project Budget - In-Kind Contr." spreadsheet to provide a breakdown of them. Only the total estimated value for all contributions will appear on this spreadsheet. **NOTE:** Not all projects will have in-kind contributions and make use of the in-kind contributions spreadsheet.
- **Prior Year Actuals:** Use the dropdown menu to select the year for the Prior Year Actuals being reported. **NOTE:** The Prior Year Participant Statistics that are reported on the Participant Statistics form need to correspond to the data reported for the Prior Year Actuals on the Project Budget -- i.e., the same year/project should be used for both the Prior Year Actuals on the Project Budget page and the Prior Year Project Actuals on the Participant Statistics form.

Remaining Project Expenses Page

- **General:** On that page enter a breakdown of expenses that do not fit any of the categories listed on the Program Support 2 Project Budget Page.
- **Remaining Project Expenses:** Expenses related to the proposed project not included in personnel expenses, space rental, and/or travel. 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.).

Project Budget - In-Kind Contributions Page

- **General:** If in-kind contributions of goods and services are expected for the proposed project, provide descriptions, sources and estimated values for them. If no in-kind contributions are expected and/or were received for prior projects, do not complete this spreadsheet.

* 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
2027-2028 PROGRAM SUPPORT 2 - 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.

REMAINING PROGRAM EXPENSES (PROJECT BUDGET PAGE): 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

SPACE RENTAL: Expenses associated with facility rental for this project (performance/exhibition venues, classroom/rehearsal space, etc.).

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 (INCOME PAGE): Reimbursement or direct payment for mileage/travel costs to staff and volunteers.

TRAVEL (PROJECT BUDGET): Reimbursement or direct payment for mileage/travel costs to staff, contractors, artists and/or others connected to the proposed project.

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.

2027-2028 PROGRAM SUPPORT 2 - ORGANIZATIONAL INCOME

Applicant Name: _____

Current Fiscal Year Ends On: _____

	FY24-25 ACTUAL/ AUDITED	FY25-26 ACTUAL/ AUDITED	FY26-27 BUDGET Current FY	FY27-28 BUDGET Next FY	FY28/FY27 VARIANCE
EARNED INCOME					
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%
SUBTOTAL EARNED	**$0**	**$0**	**$0**	**$0**	**0%**
CONTRIBUTED/UNEARNED					
CORAC Program/Op. Support 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%
SUBTOTAL CONTRIBUTED	**$0**	**$0**	**$0**	**$0**	**0%**
TOTAL ALL INCOME	**$0**	**$0**	**$0**	**$0**	**0%**

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

2027-2028 PROGRAM SUPPORT 2 - ORGANIZATIONAL EXPENSES

	FY24-25 ACTUAL/ AUDITED	FY25-26 ACTUAL/ AUDITED	FY26-27 BUDGET Current FY	FY27-28 BUDGET Next FY	FY28/FY27 VARIANCE
PERSONNEL					
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%
SUBTOTAL PERSONNEL	**$0**	**$0**	**$0**	**$0**	**0%**
PROGRAM/OPERATING					
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%
SUBTOTAL PROGRAM/OPERATING	**$0**	**$0**	**$0**	**$0**	**0%**
TOTAL EXPENSES	**$0**	**$0**	**$0**	**$0**	**0%**

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

2027-2028 PROGRAM SUPPORT 2 - ORGANIZATIONAL SUMMARY

	FY24-25 ACTUAL/ AUDITED	FY25-26 ACTUAL/ AUDITED	FY26-27 BUDGET Current FY	FY27-28 BUDGET Next FY	FY28/FY27 VARIANCE
Total Income	$0	$0	$0	$0	0%
Total Expenses	$0	$0	$0	$0	0%
OPERATING SURPLUS (DEFICIT)	**$0**	**$0**	**$0**	**$0**	**0%**
Realized/Unrealized Gain/Loss					
Donated Assets - Capitalized					
Other Adjustments (Describe Below)					
Depreciation					
Change in Unrestricted Net Assets	**$0**	**$0**	**$0**	**$0**	
Unrestricted Net Assets - Beginning of Fiscal Year		$0	$0	$0	
UNRESTRICTED NET ASSETS - YEAR END	**$0**	**$0**	**$0**	**$0**	

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

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**
LIQUID UNRESTRICTED NET ASSETS - YEAR END	**$0**	**$0**	**$0**	**$0**

TOTAL FY27-28 CITY FUNDING REQUEST AS % OF FY25-26 EXPENSES:	**0.00%**	**(max. 25.00%)**
TOTAL FY27-28 CITY FUNDING REQUEST AS % OF FY27-28 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

2027-2028 PROGRAM SUPPORT 2 - BUDGET VARIANCE EXPLANATION

INSTRUCTIONS

On this page provide a detailed narrative explanation for FY26-27 vs. FY27-28 variances of 25% or more over or under budget. Please use the name of the budget line item rather than the Excel row number.

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

2027-2028 PROGRAM SUPPORT 2 - PROJECT BUDGET

Select the Prior Year for the Actuals from the dropdown options. Be sure to use the same Prior Year when completing the Prior Year data on the Participation Statistics Form.

Prior Year Project Actuals

PROJECT EXPENSES	FY27-28 Project Estimates EXPENSES	Prior Year Project Actuals EXPENSES
PERSONNEL		
Permanent Staff Salaries/Benefits		
- Administrative		
- Artistic		
- Technical/Production		
- Education/Teaching Artists		
- Other: (Please Specify)		
Contracted/Temporary Services		
- Administrative		
- Artistic		
- Technical/Production		
- Education/Teaching Artists		
- Other: (Please Spec		
SUBTOTAL PERSONNE	$0	$0
OTHER EXPENSES		
Space Rental		
PR/Marketing		
Travel		
Remaining Project Exp	$0	$0
TOTAL EXPENSES	$0	$0

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.

Whenever you see "0" on a sample form, it means the real form does the math for you.

$'s come from Remaining Expenses Page

PROJECT INCOME	FY27-28 Project Estimates INCOME	Prior Year Project Actuals INCOME
EARNED INCOME		
Admissions/Season Tickets		
Programs/Exhibit Fees		
Workshop/Class Tuition		
Other: (Please Specify)		
Other: (Please Specify)		
CONTRIBUTED/UNEARNED		
CORAC Program Support Grant		
COVID-19 Relief Funding		
United Arts Grant(s)		
Grant(s) - Other Municipalities		
NC Arts Council		
Federal/Other State		
Foundations		
Individual/Board Contributions		
Corporate Contributions		
Other: (Please Specify)		
TOTAL ALL INCOME	$0	$0
VARIANCE	$0	$0
IN-KIND CONTRIBUTIONS	$0	$0

GRANT AS % TOTAL EXPENSES (50% max.)

0%

$'s come from In-Kind Contributions Page

Applicant Organization Name

2027-2028 PROGRAM SUPPORT 2 - REMAINING PROJECT EXPENSES

EXPENSES		FY27-28 Project Estimates EXPENSES	Prior Year Project Actuals 0 EXPENSES
	The year selected for the Prior Year Project Actuals on the previous page will auto-fill here.		
TOTAL REMAINING EXPENSES		$0	$0

2027-2028 PROGRAM SUPPORT 2 - IN-KIND CONTRIBUTIONS FOR PROJECT

DESCRIPTIONS OF IN-KIND CONTRIBUTIONS	CONTRIBUTION SOURCES	FY27-28 ESTIMATED VALUE	PRIOR YEAR ESTIMATED VALUE
TOTAL IN-KIND CONTRIBUTIONS		**$0**	**$0**

Applicant Organization Name

F. Community Information

Last modified by Leroy Brown on 10/09/2026 6:29 PM

Case Id: 31226
Name: Test Case-Mark Editing - 2025

F. Community Information

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

Grant Category Selected in Applicant Information Section

❍Program Support 2

F.1. Board Information Form: Please complete the Board Information Form found here and upload it below.

☐ **Board Information Form *Required**

***No files uploaded*

F.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 KEY PROJECT ARTISTIC/PROGRAMMATIC STAFF

Please provide brief resumes of key artistic/programmatic staff for the proposed project. 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.

F.3. Name:

Title:

Credentials:

Would you like to add another staff member?

❍ Yes

F.4. Name:

Title:

Credentials:

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

❍ Yes
❍ No

RALEIGH ARTS COMMISSION
2027-2028 BOARD INFORMATION FORM
- PROGRAM SUPPORT 2

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:

	2026-2027	2025-2026	2024-2025
RACE/ETHNICITY - # OF PEOPLE	# 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			
TOTAL PEOPLE:	0	0	0

	% of Board	% of Board	% of Board
RACE/ETHNICITY - % 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%
TOTAL PERCENTAGE:	0%	0%	0%

	# of People	# of People	# of People
OTHER STATISTICS			
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

FIRST & LAST NAME	OCCUPATION	COMPANY	YRS ON BOARD

BOARD MEMBERS

FIRST & LAST NAME	OCCUPATION	COMPANY	YRS ON BOARD

Select the specific Prior Year from this dropdown and then enter the data. Be sure to use the same Prior Year as you use in the Prior Year Actuals on the Project Budget form.

2027-2028 PARTICIPATION STATISTICS FORM - PROGRAM SUPPORT 2

Raleigh Arts

Select the organization's upcoming fiscal year from this dropdown, and then enter the estimates for the upcoming project.

Applicant Name: _____

	Upcoming Project Estimates		Prior Year Project Actuals	
PARTICIPANTS				
Audience - Per Person Counts	# of People	# of Events	# of People	# of Events
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:	0	0	0	0
Audience - Counts by Household (virtual programs only)	Households #	# of Events	Households #	# of Events
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:	0	0	0	0
Personnel (Do **NOT** include artists in this section.)	# of People		# of People	
Permanent Full-Time Employees				
Permanent Part-Time Employees				
Contracted/Temporary				
Total Personnel:	0		0	
Artists	# of People	Amount Paid	# of People	Amount Paid
Paid Artists (not including teaching artists)				
Volunteer Artists (not including students)				
Total Artists:	0		0	
Volunteers	# of People		# of People	
Board of Directors				
Other Volunteers (Do **NOT** include artists.)				
Total Volunteers:	0		0	
TOTAL PARTICIPANTS (Without Household Counts):	0		0	
ANNUAL VOLUNTEER HOURS		Hours/Yr.		Hours/Yr.
(Include Artists, Board of Directors & Other Volunteers.)				

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

The Upcoming and Prior years you selected on the previous page will auto-fill here.

	0 Upcoming Project Estimates		0 Prior Year Project Actuals	
PARTICIPANTS - RACE/ETHNICITY (No Households)	# of People	% Partcpnts.	# of People	% Partcpnts.
American Indian/Alaska Native		0%		0%
Asian		0%		0%
Black		0%		0%
Latinx		0%		0%
Mixed Race		0%		0%
Native Hawaiian/Pacific Islander		0%		0%
White/Caucasian		0%		0%
Other: (Please Specify)		0%		0%
TOTAL PARTICIPANTS (Without Households):	**0**	**0%**	**0**	**0%**

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		0%		0%
Latinx		0%		0%
Mixed		0%		0%
Native		0%		0%
White/Caucasian		0%		0%
Other: (Please Specify)		0%		0%
TOTAL CLASSES/WORKSHOPS/RESIDENCIES:	**0**	**0%**	**0**	**0%**

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%
TOTAL PARTICIPANTS - AGE GROUPS (No Households):	**0**	**0%**	**0**	**0%**

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

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.)

Applicant Organization Name

How much does it cost to participate in this program? If there are a range of ticket prices or fees please provide them. (Text box limit is 775 characters or the amount of text visible in the box, whichever is less.)

The Upcoming and Prior years you selected on the first page of the Participation Statistics Form will auto-fill here.

	0 Upcoming Project Estimates		0 Prior Year Project Actuals	
ADDITIONAL COMMUNITY REPRESENTATION	# of People	% Partcpnts.	# of People	% Partcpnts.
People with Disabilities		0%		0%
People with Economic Constraints		0%		0%

PARTICIPATION BY PEOPLE WITH ECONOMIC CONSTRAINTS

On average, how much do people with limited arts or cultural opportunites due to economic constraints pay to participate in this program? (Text box limit is 450 characters or the amount of text visible in the box, whichever is less.)

How do you plan to market this program to people with economic constraints? Where can people find information about discounts and/or scholarships available? (Text box limit is 1,335 characters or the amount of text visible in the box, whichever is less.)

PARTICIPATION STATISTICS FORM - PROGRAM SUPPORT 2
INSTRUCTIONS AND GLOSSARY OF TERMS

Click here to return to the Participation Statistics Form.

GENERAL INSTRUCTIONS

Complete the form for all arts programming for which grant funding is being requested. Provide an estimate for expected 2027-2028 participation, as well as actual numbers for the last time the project was produced.

Prior Year Actuals: When was the last time you did this project in the same way you plan to do it during the FY2027-2028? Select the appropriate fiscal year from the drop-down menu. Be sure that it matches the fiscal year you noted on the project budget page of your organizational financial forms.

Note that statistics must be based on organizational data and not on census or municipal, county or state demograpics 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.

G. Universal Accessibility

Last modified by Leroy Brown on 10/09/2026 6:29 PM

Case Id: 31226
Name: Test Case-Mark Editing - 2025

G. Universal Accessibility

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 G, check out the FAQ here: 2027-2028 Universal Accessibility Checklist

Please indicate the accessibility accommodations and services that your organization plans to provide for the proposed project or program by selecting from the options for each statement below:

G.1. PLANNING FOR UNIVERSAL ACCESSIBILITY

How will your organization approach engaging people with disabilities in this project?

Accessibility for this project focuses primarily on providing accommodations/services for participants	Yes / No
Project incorporates Deaf and/or disability culture into content	Yes / No
Project is primarily for people with disabilities	Yes / No
People with disabilities providing advice and/or support in planning project and/or accessible accommodations/services	Yes / No
People with disabilities leading project development/implementation	Yes / No

G.2. PLANNED ACCOMMODATIONS/SERVICES FOR PEOPLE WITH DISABILITIES

For People with Mobility Issues

Has the federal government's ADA Checklist for Existing Facilities been completed for the location(s)?	Yes / No / Partially / N/A

Designated Accessible Parking Spaces 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
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

G.3. FOR PEOPLE WHO HAVE LOW VISION OR ARE BLIND

	ADA Accommodations To Be Offered
Large Print Materials	Yes/No/Sometimes/Upon Request/N/A
Appropriate Interior Signage for People with Low Vision/ Who Are Blind (large print with high contrast and braille)	Yes/No/Sometimes/Upon Request/N/A
Braille Materials	Yes/No/Sometimes/Upon Request/N/A
Verbal Descriptions of Artwork/Exhibitions	Yes/No/Sometimes/Upon Request/N/A
Tactile Tours	Yes/No/Sometimes/Upon Request/N/A
Audio Description	Yes/No/Sometimes/Upon Request/N/A

G.4. FOR PEOPLE WHO ARE HARD OF HEARING OR DEAF

	ADA Accommodations To Be Offered
Assistive Listening Devices	Yes/No/Sometimes/Upon Request/N/A
Real Time Captioning	Yes/No/Sometimes/Upon Request/N/A
Sign Language Interpreters	Yes/No/Sometimes/Upon Request/N/A
Scripts and Text of Verbal Presentations	Yes/No/Sometimes/Upon Request/N/A
Open or Closed Captioned Audio-Visual Presentations	Yes/No/Sometimes/Upon Request/N/A
TTY/TDD	Yes/No/Sometimes/Upon Request/N/A

G.5. FOR PEOPLE WHO HAVE AUTISM AND/OR SENSORY DISORDERS

	ADA Accommodations To Be Offered
Relaxed Performances/Programs	Yes/No/Sometimes/Upon Request/N/A
Sensory Kits	Yes/No/Sometimes/Upon Request/N/A
Quiet Space	Yes/No/Sometimes/Upon Request/N/A
Social Narratives/Visual Schedules	Yes/No/Sometimes/Upon Request/N/A

G.6. MARKETING TO ENGAGE DISABILITY COMMUNITIES

How will your organization communicate this project's accessibility?

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| e-blasts)	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

G.7. Please describe any other ways that your project or program will be inclusive of people with disabilities. Please explain whether the accommodations planned are typical for this program or whether they represent an expansion of services. 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)**

G.8. Who is your organization's accessibility coordinator? (Optional)

Name:

Title:

Phone:

Email Address:

H. Application Attachments

Last modified by Leroy Brown on 10/09/2026 6:29 PM

Case Id: 31226
Name: Test Case-Mark Editing - 2025

H. Application Attachments

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

Last modified by Leroy Brown on 10/09/2026 6:29 PM

Case Id: 31226
Name: Test Case-Mark Editing - 2025

Submit

Note: Your Executive Director and/or Board Chair must review and sign this application. The application may not be signed by other organizational staff or Board Members on behalf of the required organizational leaders.

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: