

Matching Grant Program

Performance/Workshop/Residency Grant Application

Grant Application Deadline: Wednesday, September 25, 2019

Please note: This is a matching grant application only and does not guarantee funding. Applications will be reviewed and funding will be awarded by a grants panel. Please complete all sections below.

School Name: _____

Address: _____ City: _____ Zip: _____

Contact Person/Title: _____

Email: _____ Phone Number: _____

Programs Requested (List requests in order of preference):

1) Artist: _____
____ # of Performance(s) ____ # of Workshop(s) Grade Level(s): _____ # of Students: _____
Artist Fee: _____ School Fee: _____

2) Artist: _____
____ # of Performance(s) ____ # of Workshop(s) Grade Level(s): _____ # of Students: _____
Artist Fee: _____ School Fee: _____

3) Artist: _____
____ # of Performance(s) ____ # of Workshop(s) Grade Level(s): _____ # of Students: _____
Artist Fee: _____ School Fee: _____

REQUIRED: From this list above, please indicate the total number of artists/groups that you want to hire: _____

I understand that if awarded this grant, I will provide the school's portion of the artist fee, as outlined in the contract.

Principal's Name: _____ Principal's Email: _____

Principal's Signature: _____ Date: _____

Grant applications may be returned to the Arts Council by mail, hand-delivered, faxed or emailed. All applications must be received by **September 25, 2019**.

Mailing Address: PO Box 318, Fayetteville, NC 28302
Physical Address: 301 Hay Street, Fayetteville NC 28301

Fax: 910-323-1727
[Email: grants@theartscouncil.com](mailto:grants@theartscouncil.com)

