

North Carolina CARES for Arts  
Subgrant Application  
FY 2020-2021



*Submit this application and supporting documents to your funding agency by November 9, 2020*

## I. Organization Information

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Name of Organization \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State North Carolina Zip Code \_\_\_\_\_ County \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Organization's EIN \_\_\_\_\_ Applicant Race \_\_\_\_\_

## II. Project Information and Narrative

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1. In which county is your organization physically located?
  
  
  
  
  
  
  
  
  
  
2. What is the mission of your organization?
  
  
  
  
  
  
  
  
  
  
3. Provide a brief description of your pre-pandemic core arts programming. Include details about the audiences who participate in and benefit from the programs.

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4. North Carolina’s “stay at home” order (Executive Order 117) had a profound impact on the arts sector. Describe the specific steps your organization took to comply with Executive Order 117.

**III. Eligible Expenses Worksheet**

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List eligible COVID-impacted expenses on this worksheet. All items will require corresponding documentation to be attached to the application.

The following expenses can be considered: paid salaries and benefits (including contractors), on-going operating expenses, costs associated with canceling programs and creating virtual programs, and COVID-related safety and cleaning measures. Revenue losses are not considered for mitigation. North Carolina CARES for Arts funding cannot reimburse any expenses already paid for by other federal relief funds such as PPP loans, direct grants from the NEA, and stimulus grants issued by the North Carolina Arts Council.

**List eligible expenditures (March 1, 2020 – December 30, 2020):**

Expenditure Name	Expenditure Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<b>SUBTOTAL A</b>	_____

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**List other Federal stimulus funds already received (March 1, 2020 – December 30, 2020):**

Fund Type	Funded Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<b>SUBTOTAL B</b>	_____
<b>SUBTOTAL A <i>minus</i> SUBTOTAL B equals GRAND TOTAL</b>	_____

**Certification**

We understand that failure to respond to any of the above items may adversely affect the consideration of this application. We certify that the information contained in this application, including attachments and supporting materials, is true and correct to the best of our knowledge.

Authorizing Official Name \_\_\_\_\_  
 Authorizing Official Signature \_\_\_\_\_  
 Authorizing Official Title \_\_\_\_\_  
 Date Signed \_\_\_\_\_

**Documentation is required as evidence for expenses claimed in this application.**

Documents such as receipts, bill/invoices, monthly financial statements, and payroll ledgers will be considered. If projecting expenses that will happen in October, November, December, the applicant should provide a word document that explains those expenses, and invoices and receipts must be available for projected expenses when they actualize. Please list all the documents included in this application.

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