



CAROLINAS DISTRICT

Youth in Harmony

Grant Application Form

Date of Application _____

Date of Event _____

Total Grant Request \$ _____

Event Name _____

I. Request From: (two names required)

Name _____

Office Held _____

Chapter _____

Chapter Code _____

Contact Information:

Phone _____

Email _____

Name _____

Office Held _____

Chapter _____

Chapter Code _____

Contact Information:

Phone _____

Email _____

II. Summary Statement

1. Describe the overall format and content of the event.
2. What outcomes do you expect to achieve from the event?
3. Why are you requesting this grant?
4. How will the grant be used / spent?

III. Number of years this event has existed: _____

IV. Primary sponsors of the event (Chapters, schools, community organizations, etc)

V. Expected Participation

A) Participants (e.g. Gender / Age / Ethnicity)

Total number of participants expected: _____

B) Audience (Is the event open to the public or for the school(s) only?)

Total audience expected: _____

VI. What plans do you have for communication with the various participants? How will you follow up to encourage further participation in similar events or with Barbershop Harmony in the Carolinas?

Students

Educators

Audience

Barbershoppers

VII. How would you define “success” for this event?

VIII. Expenses

Clinician Fees*	\$	_____
Clinician Expenses*	\$	_____
Teaching QT Fee*	\$	_____
Teaching QT Expenses*	\$	_____
Sheet Music	\$	_____
Learning Tracks	\$	_____
Facility Rental	\$	_____
Custodial Services	\$	_____
Security Services	\$	_____
Food	\$	_____
Advertising	\$	_____
Printing / Copies	\$	_____
Transportation	\$	_____
Mailing	\$	_____
T-Shirts	\$	_____
Other (please specify)		
_____	\$	_____
_____	\$	_____
_____	\$	_____
TOTAL EXPENSES		\$ _____

*Explanations: Give a brief overview of the staff and their qualifications. Who is/are the teaching quartet(s)? Where are they coming from?

IX. Revenue

	Committed	Pending
A. Grants / Contributions		
Carolinas District	\$ _____	\$ _____
Harmony Foundation	\$ _____	\$ _____
Arts Organizations	\$ _____	\$ _____
Local government	\$ _____	\$ _____
State government	\$ _____	\$ _____
Foundations (list)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Corporations (list)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Individual donations	\$ _____	\$ _____
B. Earned Income		
Participant fees	\$ _____	\$ _____
Tickets / Admission	\$ _____	\$ _____
Show boosters	\$ _____	\$ _____
TOTAL REVENUE	\$ _____	\$ _____

C. In kind items / services

X. Are you currently or have you in the past received support from Harmony Foundation?

Explain: _____

XI. What is the involvement from your Chapter? What resources (financial, goods / service, manpower) will your Chapter be providing?

CAROLINAS DISTRICT MISSION

Proactively serve and support our Chapters and Members in ways that enhance their enjoyment of the craft, help them to become better singers and performers, and introduce the joy of Barbershop harmony singing to more communities throughout the Carolinas.

FUTURE VISION FOR THE CAROLINAS DISTRICT

- The health of each Chapter and its Members is the highest priority
- A key objective is to spread the craft throughout the Carolinas
- The District supports vocal music education and encourages its Chapters to form strong partnerships with local music educators in schools, universities, and community colleges
- The District conducts all its activities with strict financial discipline.

XII. How will this event / activity support the mission and future vision of the Carolinas District?
(articulate how it will benefit the health and stated goals of the District)

XIII. What is the “best thing” that can happen if the District supports this financially?

XIV. What is the “worst thing” that can happen if the District does not support this financially?

XV. Other comments or information for the Committee?
