

**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?

revised: 31 January 2017