THIS DOCUMENT IS FOR REFERENCE ONLY

- All applications must be submitted via the Submittable platform at
- https://artsneworleans.submittable.com/submit

2026 New Orleans as Cultural Capital Application -Community Arts Grants

Please be sure to read the instructions for each question.

You do not have to complete this application in one sitting. Answers are automatically saved every five seconds. If you cut and paste a long narrative into this document, we recommend that you go to the end of the application and save this document as a draft prior to exiting.

If you'd like to check your work before applying, save the application as a draft and use your browser printer function (File > Print) to print a hard copy.

Questions can be directed to Grantmaking and Administrative Specialist Grace Rennie at grace@artsneworleans.org

Nonprofit Organization's Legal Name (required)

Limit: 300 characters

Date Organization Founded (required)

501(c)(3) Letter (required)

Choose File	
Upload a file. No files have been attached yet.	
Acceptable file types: .pdf, .jpg, .jpeg, .png	
Upload a file	
Proof that your organization is domiciled in Orleans Parish and is in good standing with the Louisiana Secretary of State (After locating organization on Louisiana Secretary of State website, choose "Print Detailed Record") (required)	

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .pdf

Visit https://www.sos.la.gov/ (https://www.sos.la.gov/) and click Search for Louisiana Business Filings under "Business Services" to search for your organization's name. Scroll about halfway down and select "continue to our Louisiana Business Filings search page". Once located, click the details button to the right, then click 'print detailed report' to save as a PDF and upload. The document must show that your organization (or fiscal agent) is domiciled in Orleans Parish, is a nonprofit corporation, and that it is currently in good standing. The address on this application must also be the most recent address as indicated on the Annual Report filed with the Secretary of State.

Street Address (required)

City (required)

State (required)

Zip Code (required)

Parish (required)

Applicant must be domiciled in Orleans Parish.

Office Phone

If applicable

Authorizing Official's Name (required)

This person is usually the President/CEO, Executive Director, Artistic Director, or if the organization doesn't have staff, usually the Board Chair. This person receives emails from Arts New Orleans concerning this application.

Authorizing Official's Title (required)

Authorizing Official's Cell or Office Number (required)



ema	il@example.com
Sec	ondary Contact Name (required)
is usu direc	nust be a different person from your Authorizing Official. The Second Contra ally the person who completed the grant application like the development for. This person also receives emails from Arts New Orleans concerning this cation.
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Media

	Multidisciplinary
	Music
	Theater
	Visual arts & crafts
-	Council District(s) in which activities take place (Select all apply) (required)
	District A
	District B
	District C
	District D
	District E
FEIN	I/Tax ID (required)
	anization Website or Social Media Link

year (required)

\$700,000 or more



\$199,000 or less

Amount of Request (required)

\$7,000

\$3,500

Organizations that spent \$700,000 or more during their 2024 fiscal year must request \$14,000.

Organizations that spent \$200,000 - \$699,000 during their 2024 fiscal year must request \$7,000.

Organizations that spent \$199,999 or less during their 2024 fiscal year must request \$3,500.

BACKGROUND

Grant applications will be reviewed in full by panelists. You may refer to other sections of the application in your responses, there is no need to repeat information across multiple sections.

A brief description of your history and mission. (required)

Limit: 300 words

Remember to put a space between paragraphs.

The issue(s) that your organization works to address. (required)

Limit: 300 words

Remember to put a space between paragraphs.

Current programs and accomplishments. Please emphasize the achievements of the past year. (required)

Limit: 300 words

Remember to put a space between paragraphs.

Provide a summary of programs and services to be produced/ presented by your organization in 2026. Include the artistic quality of your programs and services. (required)

Limit: 300 words

Remember to put a space between paragraphs.

Estimated number of artists employed during a normal programmatic year (required)

DEMOGRAPHICS

Estimate the number of individuals directly affected by the programs and services your organization provided during its last fiscal year. (required)

Describe the demographics of the population that your programs serve (race/ethnicity, age, gender, disabilities, etc.). (required)

Limit: 300 words

Remember to put a space between paragraphs.

What neighborhood(s) will be served by your activities? What impact do your arts programs and services have on the community? What tools/strategies do you use to measure or evaluate your impact? (required)

Limit: 300 words

Remember to put a space between paragraphs.

What does equity mean for your organization and how does your organization practice/move towards equity? If applicable, please

Remember to put a space between paragraphs.	Limit: 500 word
STAFFING AND VOLUNTEERS	
Number of Full-Time Staff (required)	
If you do not have any full-time staff, enter "0"	
Number of Part-Time Staff (required)	
If you do not have any part-time staff, enter "0"	
Number of Contract Staff (required)	
If you do not have any contract staff, enter "0"	
Number of Volunteers (required)	

		Choose	File		
Uploa	d a file. No files have	e been attached y	et.		ا د
Accep	table file types: .pdf	f, .doc, .docx, .xls, .	xlsx		
This li	st should indicate bo	oard officers' full n	ames and affiliation	ons.	
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Date	Your Last Fisca	al Year Ended	(required)		
Date	Your Last Fisca	al Year Ended	(required)		
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This information is needed to review your grant. Please complete. Do not include in-kind figures.

If there is a large difference between your revenue and expenditures for any of the above years please explain.

Limit: 150 words

Your organization might be building a cash reserve, raising funds for a capital campaign, may not have reached its fundraising goal, etc.

Please upload a year-end financial statement or your most current audit for 2024 for your organization and your current budget for 2025 below. If a 990 is attached, it must contain yearend revenue and expenditure budget breakdown.

2024 Financial Statement or Audit: Include applicant's name and "financial statement" in the title if you are enclosing a financial statement or "audit" if enclosing an audit. (required)

Choose File

Select up to 2 files to attach. No files have been attached yet. You may add 2 more files.

Acceptable file types: .doc, .docx, .pdf, .wpd, .xls, .xlsx

2025 Budget: Include applicant's name in title. (required)

Choose File

SUPPLEMENTAL MATERIALS Please Upload Supplemental Materials (brochures, reviews, programs, etc.) (required) Choose File Select up to 5 files to attach. No files have been attached yet. You may add 5 more files. Acceptable file types: .doc, .docx, .pdf, .txt, .wpd, .jpg, .jpeg, .png, .tif, .tiff Upload materials that could strengthen your application. Brief Description of Supplemental Materials			
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Limit: 100 word	Upload materials th	at could strengthen your application.	
Limit: 100 word			
	Brief Descriptic	on of Supplemental Materials	
Please Upload Images (Photos) (required)		Limit: 100 words	
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	Please Upload	- / -	
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	rease Opioad	Choose File	

Select up to 5 files to attach. No files have been attached yet. You may add 5 more files.

Acceptable file types: .jpg, .jpeg, .png, .tif, .tiff

Upload photos showing your activities taking place. Can upload up to 5 photos.

Brief Description of Photos

Limit: 100 words

MEDIA SAMPLES

Applicants are encouraged to submit media samples such as Vimeo or YouTube Links. Up to two links may be provided. Please make certain that links are NOT password protected.

URL #1

example.com

Please give a brief description of the above media sample.

Limit: 100 words

URL #2

example.com

	Limit: 100 wor
f you prefer to please upload h	upload media files instead of providing links, ere.
	Choose File
Select up to 2 files t iles.	o attach. No files have been attached yet. You may add 2 mor
Acceptable file type	s: .m4a, .mp3, .wav, .mov, .mp4, .mpg
Please give a b	ief description of uploaded media sample(s).

ASSURANCES

By the submission of this application, the person with legal authority for the applicant hereby gives assurances to Arts New Orleans and the City of New Orleans that:

I. The applicant has read and understands all information contained in Arts New Orleans' Program Guidelines for FY2026 grants and will comply with all rules, regulations, laws, terms, and conditions described therein;

II. The activities and services proposed in this application will be administered by the applicant organization;

III. Any grant funds received for this application will be used exclusively for payment of allowable expenditures incurred for proposed services;

IV. The undersigned have been duly authorized by the governing authority of the applying organizations to submit this application to Arts New Orleans;

V. The applicant will comply with Title VI of the Civil Rights Act of 1964, with labor standards under Section 5(J) of the National Foundation on the Arts and Humanities Act of 1965, with Section 504, Title V of the Rehabilitation Act of 1973 and with Title IX of the Education Amendments of 1972.

We hereby certify that all figures, statements, and representations made in this application, including any attachments are true and correct to the best of our knowledge.

Authorizing Official Name (required)



Authorizing Official agrees to all of the above assurances (required)

The person with legal authority in the organization. This must be the executive director, board president, or other authorized official

Submit Form

Drafts may be visible to the administrators of this program.