

THIS DOCUMENT IS FOR REFERENCE ONLY

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



## 2026 More Joy Application - Community Arts Grant

Ends on Thu, Apr 10, 2025 11:59 PM

More Joy grants support groups engaging the New Orleans community through parading, public performance, and other free, street-based activities that have roots in or pay homage to the street parading culture of New Orleans. These are activities typically done by Black Masking Indians (also known as Mardi Gras Indians) and Social Aid and Pleasure Clubs. Grants will be **\$3,500**.

**The deadline to submit an application is Thursday, April 10, 2025.** This site will shut down at 11:59 p.m. on April 10, 2025.

**PLEASE NOTE: Organizations can only apply in ONE category for a Community Arts Grant, New Orleans as Cultural Capital OR More Joy, depending on your eligibility.**

**This is a grant for the calendar year 2026.** Please review Community Arts Grants guidelines available [HERE \(https://www.artsneworleans.org/wp-content/uploads/2025/01/FY2026-CAG-Guidelines.pdf\)](https://www.artsneworleans.org/wp-content/uploads/2025/01/FY2026-CAG-Guidelines.pdf), especially the criteria by which your proposal will be judged, prior to completing this application.

- Nonprofit organizations with 501(c)(3) status from the Internal Revenue Service domiciled in Orleans Parish
- An organization incorporated by the State of Louisiana as a nonprofit organization and domiciled in Orleans Parish
- A nonprofit organization using a fiscal agent (not required). Fiscal agents must be domiciled in Orleans Parish.
- **Must have an organizational bank account** to receive grant payments or have a fiscal agent.

### Additional eligibility requirements:

- Produce or celebrate New Orleans' Street Parading traditions usually created by New Orleans indigenous cultural group
- Incorporated by the State of Louisiana as a nonprofit organization
- Domiciled in Orleans Parish

**PLEASE NOTE: While the grant activity period is the 2026 calendar year, grant funds are usually not available prior to May of that year.**

**Community Arts Grants are made possible by the City of New Orleans.** Arts New Orleans developed this program under contract with the City more than 40 years ago and still administers the CAG program today.

Please remember you may save your application as a draft and ask Arts New Orleans staff for feedback before submitting.

**Please be sure to read the instructions below 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.

**Organization's Legal Name** (required)

Limit: 300 characters

Please list your organization's name as registered with the Louisiana Secretary of State

**Organization Phone** (required)



**Organization Street Address** (required)

**Organization City** (required)

**Organization State** (required)

**Organization Zip Code** (required)

**Parish in which the organization is domiciled** (required)

**Proof that your organization is domiciled in Orleans Parish, is a nonprofit corporation, 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.

**Applicant Status** (required)

- ☐ Nonprofit organizations with 501(c)(3) status from the Internal Revenue Service domiciled in Orleans Parish
- ☐ An organization incorporated by the State of Louisiana as a nonprofit organization and domiciled in Orleans Parish
- ☐ An organization incorporated by the State of Louisiana as a nonprofit organization and domiciled in Orleans Parish using a fiscal agent (not required). The fiscal agent must also be domiciled in Orleans Parish.

**All applicants must have an organizational bank account to receive grant payments or have a fiscal agent to receive funds on their behalf.**

**Artistic discipline (Select all that apply)** (required)

- ☐ Dance
- ☐ Design Arts
- ☐ Folklife
- ☐ Literature
- ☐ Media
- ☐ Multidisciplinary
- ☐ Music
- ☐ Theater
- ☐ Visual Art and Crafts

**Grantee Race/Ethnicity (Select all that apply)** (required)

- ☐ Asian/Asian American
- ☐ Black/African American
- ☐ Hispanic/Latino
- ☐ American Indian/Alaska Native

- ☐ Native Hawaiian/Pacific Islander
- ☐ White
- ☐ No single race/ethnic group listed above make up more than 25% of the population directly benefited

**City Council District(s) where activities will take place (Select all that apply)** (required)

- ☐ District A
- ☐ District B
- ☐ District C
- ☐ District D
- ☐ District E

**FEIN / TAX ID (if applicable)**

**501(c)(3) Letter (if applicable)**

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .pdf, .jpg, .jpeg, .png

If you are a 501(c)(3) organization, please upload a copy of your 501(c)(3) letter. (You do NOT need to be 501(c)(3) organization or have a fiscal agent to apply for this grant.)

**Organization Website or Social Media Link**

Grant review panelists may visit your website. If you don't have a website, you may use your social media profile or create a free online profile at Culturalyst.com

**Does your organization have a Fiscal Agent?** (required)

- ☐ Yes
- ☐ No

Nonprofits incorporated with the State of Louisiana are eligible to receive this grant without 501(c)(3) status. The main reason to use a fiscal agent is if the applicant doesn't have its own organizational bank account to receive grant funds, or if the applicant typically works through a fiscal agent to manage grant funds.

PROJECT DIRECTOR INFORMATION

The project director is the person who will implement the proposed activities.

Project Director Name (required)

Project Director Title (required)

Project Director Cell or Daytime Phone (required)



Project Director Email Address (required)

AUTHORIZING OFFICIAL INFORMATION

The person with legal authority for the applicant organization or with legal authority for your fiscal agent.

This should be the executive director or board president of your organization.

If you are applying with a fiscal agent, this should be the executive director or board president of the fiscal agent organization.

Authorizing Official Name (required)

Authorizing Official Title (required)

Authorizing Official Cell or Daytime Phone (required)



Authorizing Official Email Address (required)

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APPLICANT & PROJECT INFORMATION

**Applicant Organization Description (Please write a minimum of 3 paragraphs) (required)**

Limit: 500 words

Give a clear description of your organization (i.e. Black Masking Indians, Mardi Gras Indians, Social Aid and Pleasure Club, etc.) and a summary of the programs it has provided to the New Orleans community during the last few years. Describe your history, community impact, and why you exist. Please put line breaks between paragraphs.

**Project Description. Be sure to address creativity, artistic excellence, traditions highlighted, and record of previous successes (if any). (Please write a minimum of 3 paragraphs) (required)**

Limit: 500 words

Please describe the specific project your organization will use these grant funds for, why your organization does it, and what the impact of the project will be on the community. Be sure to address the project's creativity, artistic excellence, traditions highlighted, and your organization's track record of producing this kind of project. Please put line breaks between paragraphs.

**Project Activity Start Date (required)**



The activity date must be between January 1 - December 31, 2026.

Please note grant funds are usually not available until May.

**Project Activity End Date (required)**



The activity date must be between January 1 - December 31, 2026.

**PROJECT DEMOGRAPHICS**

**Estimate the number of people reached by the project described in this application (required)**

**What neighborhood(s) will be served by your project? Where will your project take place? (required)**

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

Limit: 300 words

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## SERVICE PROVIDER INFORMATION

You can submit information about up to 8 key individuals or groups/companies providing artistic or other professional services for your program, including those being paid with More Joy grant funds. This could include musicians that you will hire, artists you will commission to make costumes, individuals in your group who will make key contributions to the project, instructors that will lead workshops, etc.

**Provider # 1 Name**

**Provider #1 Professional Fee \$**

Please list a dollar amount or a "0" if this does not apply to your organization

**Description of services to be provided**

**Provider #1 Bio and Qualifications**

Describe the qualifications, including a brief bio, education, training, and related work experience

**Do you need to add an additional Service Provider?**

☐ Yes

☐ No

Project Budget



	A	B	C	D
1	INCOME	CASH	IN-KIND (DONATED)	TOTAL
2	Admissions/Ticket sales			0
3	Contracted Services (fees for workshops, etc.)			0
4	Concessions sales			0
5	Foundations (Private Grants)			0
6	Corporate Sponsorships			0
7	Individual Donations			0
8	Federal Grants			0
9	City/Parish Grants			0
10	State Grants			0

This information is needed to review your grant. Please Complete. If totals are not updating, please click on the white space of the application outside of the budget template and they should update.



How will you spend the grant funds? (required)

Limit: 200 words

MORE JOY GRANTS ARE \$3,500

WHAT TYPE OF ACTIVITIES ARE ELIGIBLE?

- Black Masking Indians or Mardi Gras Indians who parade in the public right of way, in Orleans Parish, on Mardi Gras Day, St Joseph's Night, Super Sunday, or other specific dates
- Social Aid and Pleasure Club parades that take place in Orleans Parish
- Non-motorized parades in the public right of way based around a specific holiday, tradition, or event that take place in Orleans Parish
- Exhibits, workshops, and presentations dedicated to the street parading traditions of New Orleans

WHAT TYPES OF ACTIVITIES ARE INELIGIBLE?

- Mardi Gras-style parades featuring motorized floats/tractors
- Parades created to promote a specific product or brand
- Parades not licensed or permitted by the City of New Orleans

HOW CAN MORE JOY FUNDS BE USED:

- Artist/Musician Fees
- Materials
- Permitting Fees
- Marketing and Publicity
- Teachers, instructors, or educators versed in the parading traditions or building Black Masking Indian or Mardi Gras Indian suits

SUPPLEMENTAL MATERIALS

Use this section to upload supporting materials that will strengthen your grant proposal.

Please Upload Images (Photos) (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: .pdf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

Upload photos showing your activities taking place or related to your proposed project.

Brief Description of Photos

Limit: 100 words

Please Upload Supplemental Material (brochures, reviews, articles, programs, letters of support, testimonials, 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, .jpg, .jpeg, .png, .tif, .tiff, .mp4, .mpg

Upload materials that could strengthen your application.

### Brief Description of Supplemental Materials

Limit: 100 words

### MEDIA SAMPLES

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

#### URL #1

Please give a brief description of the above media sample.

Limit: 100 words

#### URL #2

Please give a brief description of the above media sample.

Limit: 100 words

If you prefer to upload media files, instead of links, please upload here.

Choose File

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

Acceptable file types: .mp3, .mp4

Upload a file

Please give a brief description of uploaded media sample(s).

Limit: 100 words

## ASSURANCES

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 or fiscal agent;

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

IV. The undersigned has 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

**Note: Please save this application as a PDF on your computer and review before submitting**

Save Draft

Apply

Drafts may be visible to the administrators of this program.

