



## **MUSIC PROGRAM GRANT APPLICATION**

Welcome to The NAMM Foundation's Global Grantmaking application process.

To prepare your proposal, we recommend reviewing this PDF in its entirety before starting it online. You may use this document as a working copy for your narrative, then copy and paste into the portal. To ensure a strong and competitive application, we recommend following all the instructions provided carefully. Proposals must be submitted through the online grant portal.

Questions regarding technical support for the portal or the grantmaking or application process can be directed to: [info@nammfoundation.org](mailto:info@nammfoundation.org).

### **GENERAL**

Legal Name of Organization:

Doing Business As (DBA) (if applicable):

EIN (Employee Identification Number):

Year Founded:

Mission Statement (4,000-character limit):

Does your organization have a strategic plan or equivalent?  Yes  No. If not, please explain why.

Geographic area(s) served by your organization:

Number of employees:  Full Time  Part Time

Using a fiscal sponsor?  Yes  No. If yes, please enter the name of the fiscal sponsor.

### **CONTACT INFORMATION**

Name of CEO or Executive Director:

Name and title of person completing this application, if different:

Address:

City:

State:

Zip:

Country:

Email:

Phone:

Website:

Address:

## **DEMOGRAPHICS**

For the Foundation to fully understand the communities your organization serves, please indicate which categories represent **50% or more** of your program's beneficiaries.

Number of individuals served by this program:

**Age** (you may select more than one category)

0-4

5-12

13-18

19-64

65+

Unknown

Another Age (please specify):

**Ethnicity**

Hispanic or Latino

Not Hispanic or Latino

Unknown

Another Ethnicity (please specify):

**Race** (you may select more than one category)

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Unknown

Another Race (please specify):

**Income Level**

Live below the federal poverty threshold

Live above the federal poverty threshold

Unknown

**Diverse Abilities**

Beneficiaries live with disabilities

Beneficiaries do not live with disabilities

Unknown

**Gender & Gender Identity** (you may select more than one category)

Male

Female

Nonbinary/Gender Diverse

Transgender

Unknown

Another Gender or Gender Identity (please specify):

**Veteran Status**

Beneficiaries are Veterans

Beneficiaries are not Veterans

Unknown

**GRANT REQUEST INFORMATION SUMMARY**

Program Name:

Program Summary:

Amount of Request:

Total Program Cost:

Is this a new or an existing program? ( ) New ( ) Existing

Industry Segment Alignment (Select all that apply):

- Fretted Instruments
- Percussion
- Electronic & Recording
- Printed & Digital Music
- Keyboard
- Pro Audio & Lighting
- Band/Orchestra (wind, strings, large/small ensembles)
- Other Genre

**FINANCIAL**

Current Fiscal Year End Date:

Total Budgeted Operating Revenue for the Current Fiscal Year:

Total Budgeting Operating Expenses for the Current Fiscal Year:

Complete the following fields using data from the most recently completed audit. Do not enter current fiscal year projected amounts:

Fiscal Year-End Date of Most Recently Completed Audit:

Total Revenue:

Total Expense:

Total Assets:

Total Liabilities:

**Financial Narrative:** Explain any significant changes or concerns identified in the most recently completed audited financial statements. Explain if the organization has excessive liabilities, if expenses exceeded revenues, and/or if there are any legal, fiduciary, or accountability/control issues highlighted in the auditor's notes. If none, type, "none."

## **PROPOSED NARRATIVE**

**To help us understand your program better, please provide a narrative about your work and include the following information**

- Service location of the work.
- Frequency and duration of interaction with proposed beneficiaries.
- Describe the program's goals and how they align with the organization's strategic goals.
- Explain how your organization's beneficiaries are a historically underserved population in the music industry.
- What are the expected outcomes for beneficiaries because of your organization's work?
- If your work involves a partnership with other organizations, describe how the organizations will collaborate.
- What are your plans to maintain or grow this program beyond the grant period?
- How will you diversify, and/or increase, your funding sources, or other capacity areas, to ensure long-term financial stability for the programs?
- Please describe your board's level of involvement in the organization.
- Please describe the staff who will oversee the program.

## **Organizational Experience**

- Describe the organization's experience in music-focused program design. Include the length of time, services and programs offered, and a summary of the successes and challenges of doing similar work.

## **Evaluation (4,000-character maximum)**

- Describe the organization's overall approach to evaluation.
- How will impact be measured for the proposed program?

- For established programs, summarize past evaluation results that demonstrate the program's historical effectiveness, including the time frame for the results or findings. Will your evaluation practices change during the grant period? If so, how?
- For new programs, describe your evaluation plan.

#### **Inclusiveness (4,000-character maximum)**

- Describe how the organization strives to be inclusive in its programs, staff, board, and volunteers, and describe the progress to date.

#### **ATTACHMENTS**

- Budget for the program requesting support, including an itemized list of other institutions (foundations, corporations, government entities) funding this program.
- Most recently completed audited financial statements or financial review by an independent auditor.
- IRS 501(c)(3) designation letter, or international equivalent.
- Most recently filed IRS 990.
- Organization's operating budget for the current fiscal year.
- Board of Directors and their professional affiliations.
- Strategic plan, or equivalent.
- Supporting Documentation: Upload up to three documents that will help us understand your program better.
- For international applicants, all attachments must be translated into English.

#### **ADDITIONAL ATTACHMENTS FOR ORGANIZATIONS USING A FISCAL SPONSOR**

- The Memorandum of Understanding (MOU) or the contract between the organization and the fiscal sponsor.
- Attach the following for the fiscal sponsor:
  - Most recently completed audited financial statement.
  - Operating budget for the current fiscal year.
  - Most recently filed IRS 990.
  - IRS 501(c)(3) designation letter.
  - Board of Directors and their professional affiliations.

Document names should be short, descriptive and easily identifiable by Foundation staff. Financial statements should include the date as part of the document name (i.e., Statement of Activities 6/30/2025) for easy reference.