



## Grant Application Cover Sheet

### Organizational Information

Organization Name:		Artistic Discipline: (choose one)	
Address:		City:	Zip:
Primary Contact Person:		Title:	
Telephone:	Email:	Year Incorporated:	
# of paid staff:	# of board members:		

Has the organization previously received an Arts Work Fund grant?      Yes:      No:  
 If yes, have you filed a final report for your most recent grant?      Yes:      No:      \*\*  
 \*\* If no, please include a copy of the final report with this request

### Budget Information

Fiscal Year ENDS:	(drop down of months?)	
Current Fiscal Year Organization Budget:	Income:	Expenses:
Is the organization currently carrying any debt (loans, accounts payable, lines of credit, etc)?	Yes: No:	If yes, list total amount of debt carried:

### Grant Information

Amount Requested: \_\_\_\_\_ Total Project Budget: \_\_\_\_\_

Project Type: (choose from drop down)

Brief Organization Description:

Brief Project Description:

Authorizing signatures: Typing in your name acts as your signature and acknowledges that you have reviewed the guidelines associated with applying to the Arts Work Fund for a grant.

Staff Leader: \_\_\_\_\_ Date: \_\_\_\_\_

Board Chair: \_\_\_\_\_ Date: \_\_\_\_\_