

MONROE ARTS!
MINI GRANT APPLICATION FORM

Applicant: _____ DOB _____

Organization: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Website: _____

Contact Name of Organization: _____

E-mail Address: _____

Social Security Number or Tax ID Number: _____

Project Title: _____

Dates of proposed project: Start: _____ End: _____

Location of proposed project: _____

Amount	+ Other	= Total
Requested: \$ _____	Project Funding: \$ _____	Budget: \$ _____

Expected total number served by proposed project: Youth: _____ Adult: _____ Total: _____

Is this a new project or activity? _____Yes _____No Please detail any other funding sources:

Signature certifies that all information provided, budget, and supporting documentation are accurate and true to the best of my knowledge. Signature also certifies an understanding of the obligations and penalties associated with the grant program.

Grant Applicant Signature

Date

Printed Name

Title (if organization)

Incomplete applications will not be considered. Contact the Northeast Louisiana Arts Council for questions or further information, contact: abigail@nelaarts.org or call 318.397.6717.