

# MONROE ARTS!

## 2020-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: [victoria@nelaarts.org](mailto:victoria@nelaarts.org) or 318.397.6717.**