

ARTS EDUCATION ORGANIZATIONS AND SCHOOLS APPLICATION FORM-6

Applicants should read guideline instructions to correctly complete this application. Neatly handwrite or type in 12-point. Fill in all questions and fields. Answer required narrative questions, complete the appropriate budget forms, and the checklist on page 51.

Grant Program (Check one box below)

QuickFund\$ Quick Project Arts Education Project

Applicant Organization/School/School District _____
 Authorizing Official/Contact Name & Title _____
 Street Address _____ P.O. Box _____
 City _____ State _____ Zip _____ County _____
 Phone Day _____ Fax _____ E-mail _____

Project Site or School _____
 Project Coordinator _____ Position _____
 Street Address _____ P.O. Box _____
 City _____ State _____ Zip _____ County _____
 Phone Day _____ Fax _____ E-mail _____

Total Project Cost \$ _____ Amount Requested \$ _____

Period of support requested..... Start Date _____ End Date _____
(QuickFund\$ Projects cannot begin until 3 weeks after deadline.)

◆ U.S. Congressional District 1 or District 2 ◆ State Legislative District _____
(See page 65.)

Federal Tax ID Number _____ Official IRS Name _____
 Is yours a nonprofit organization? yes *(include IRS tax determination letter)* no
 Number of years doing business in Idaho _____ Applicant is acting as a Fiscal Agent (see page 7)

Write the title and a short summary of this project in the space below. If applicable, list project partners.

If you have received a grant, did you submit the required final report? yes no

Authorizing Signatures - I certify that the information contained in this application, including attachments and support materials, is true and correct to the best of my knowledge. I have read and agree to comply with the *Legal Requirements* of accepting this grant.

 Authorizing Official (person able to legally obligate the applicant, such as chair, president, department head, district superintendent, financial or fiscal officer)

 Date

 Applicant/Project Coordinator

 Date