



Grant Application Cover Sheet

Applicant _____

Address _____

Email Address _____

Project Contact Person _____ Day Phone _____

Evening Phone _____

Email of Contact Person _____

Name of Project _____

Summary of Project _____

Project Dates _____

Project Location _____

Who and how many will be served? _____

Total Project Cost _____ Grant Request _____

Amount and sources of project funding to date _____

Other funding sources from which funding is being requested _____

If applicable, list partner organizations and summarize their roles _____

Josephine County Cultural Coalition Priorities

1. Increase educational opportunities for children.
2. Encourage more cultural celebrations.
3. Increase public art.
4. Expand awareness of cultural opportunities.
5. Increase participation.

Please explain how your project meets *some or all* of our priorities _____

How many members and/or employees of your organization contributed to the Oregon Cultural Trust
in the most recent fiscal year? _____

I certify that the information in this proposal is correct.

Signature of applicant

Title if applicable

Printed Name

Date