



Grant Application Cover Sheet

Applicant _____

Address _____

Email address _____

Project contact person _____ Email _____

Day phone _____ Evening phone _____

Project name and summary _____

Project dates _____ Project location _____

Who and how many will be served? _____

Total project cost _____ Grant request _____

Amount and sources of project funding to date _____

Circle which of these Josephine County Cultural Coalition priorities are met by the project:

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

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