

2. PROGRAM INFORMATION

Program Title:

Purpose of Program/Request:

Total Amount Requested:

Start Date:

End Date:

Nearest Art Van Furniture Location:
(Geographical Area)

Total Program Budget:

Need For Program (300-word limit):

4. AUTHORIZATION FOR REQUEST

Provide the name of your organization's CEO, Executive Director or Board Chair. By typing in the CEO/Executive Director or Board Chair's name below, you are verifying that they have authorized this application.

Administrator's Name:

Date:

5. ATTACHMENTS

Please attach a PDF file with the organization's most recent audited financial statement, along with a current list of board members. (This section of the form requires an online file upload).

Financial Statement (Remember to upload your file)

List Board of Directors:
