Arts & Culture Commission Support Application

Reset Form

| Contact/Applicant Name: | |
|---|----------------------------------|
| Organization Name (if applicable): | |
| Contact Phone: | Contact Email: |
| Contact Address/City/Zip: | |
| Location of proposed event/project: | Anticipated number of attendees? |
| Date(s) & Times(s) of the event: | |
| Project Description (include project description belo | pw): |
| | |
| | |
| | |
| | |
| | |
| Have you done a similar event or project before? The Arts & Culture Commission cares about divers you tell us how you will address those concerns?* | |
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| | |

PLEASE COMPLETE PAGE 2

Arts & Culture Commission Support APPLICATION

| REQUEST | | | | | |
|---|--------------------|---------------------|----------------|----------------|---|
| Type of Support R | equested: | | | | |
| Publicity | Financial Supp | enter amount ort | | City-owned d | iscounted venue/space |
| If discounted venu recreation@ci.el-c before submitting | errito.ca.us to in | quire about avail | ability and di | scounted cost? | nent at If not, please do so |
| What is your basi | c budget, and ho | ow will it be spen | it? | | |
| | | | | | |
| | | | | | |
| Please attach you | r line-item budg | et (if requesting | financial sup | oport) | |
| Have you received | I funding from th | ne ACC in the pas | st? | Yes | No |
| If yes, provide the requesting more t provide justification | han what you w | ere awarded in t | | • | e awarded. If you are ect/event, please |
| | | | | | |
| you agree to comp | rbal presentatio | n on how the pro | - | | ACC in person to Please confirm that |
| STAFF/PERSONNE | L: | # paid staff | | # v | olunteers |