

REQUEST FOR FUNDS FORM

Grant #: _____ (4-digit number provided on your award letter)

Grant Program: (please check appropriate box below)

- | | | |
|---|---|--|
| <input type="checkbox"/> Artist in Residence | <input type="checkbox"/> Arts in Ed Collaboration | <input type="checkbox"/> Teacher Incentive |
| <input type="checkbox"/> Community Arts Access (Tier 1) | <input type="checkbox"/> Community Arts Access (Tier 2) | <input type="checkbox"/> Special Projects |
| <input type="checkbox"/> Professional Development | <input type="checkbox"/> Individual Artist Fellowship | |

Project Begin Date: _____ (mm/dd/yr)

Project End Date: _____ (mm/dd/yr)

Contact Person: _____

Organization: _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

Mail check to: (complete only if different from address above)

DATE FUNDS ARE NEEDED: _____ (mm/dd/yr)

a. Total Grant Award Amount \$ _____

b. Amount of this Award Previously Received \$ _____

c. Amount Now Requested \$ _____

d. Total of "b" and "c" \$ _____

Authorizing Official: _____
(signature required)

Date: _____ Phone: _____ Email: _____

Return signed original form to:
North Dakota Council on the Arts
1600 E. Century Ave., Suite 6
Bismarck, ND 58503-0649