



YOUTH ARTS EDUCATION GRANT APPLICATION

GENERAL INFORMATION

Organization/Individual Name: _____

Address: _____

City: _____ Zip: _____ Email: _____

Contact: _____ Title (if applicable): _____

Amount Requested: _____ When are funds needed? _____

How many youth will be impacted by the project? _____

If organization, does organization have FEDERAL tax exempt status? Yes ___ No ___

If no, please explain: _____

EIN: # _____ Please attach 501 (c) (3) Letter of Tax Exempt Determination
(if not already on file)

Please attach project budget.

PROJECT SUMMARY: (use only space provided)

Authorized Signature: _____ Date: _____

**MAIL/EMAIL APPLICATION TO: Greater Rochester Arts and Cultural Trust
30 Civic Center Drive SE, Suite 200
Rochester, MN 55904 bari@RochArtsTrust.org**

