

## **Proposal Submission**

## Funding Request Amount |

| Name    | Location/Ward  |  |
|---------|----------------|--|
| Address | Contact/Name   |  |
|         | Email<br>Phone |  |

| Date  <br>Project/Program Title  <br>Project/Program Description | I |  |  |
|--|---|--|--|
|  |   |  |  |
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|  |   |  |  |

Applicant Type | (Select all that apply)

Non-proft Arts Organization

Individual

Community Organization: ANC, Civic Association

**Educational Institution** 

Corporate Entity, Private Industry Owned DC Government Agency/State/Federal International Organization or Government

Direct Select/Special Initiatives

Other

Project/Program Type | (Select all that apply) Arts Education Program Support

**Project Support** 

| Project Date(s)  |           |                |  |        |  |   |
|--|-----------|----------------|--|--------|--|---|
| Detailed Timeline  |           |                |  |        |  |   |
|  |           |                |  |        |  |   |
| Goals/Objectives/Co  | mmunity S | erved          |  |        |  |   |
|  |           |                |  |        |  |   |
| Detailed Budget  |           |                |  |        |  |   |
| Total Project Budget   |           |                |  |        |  |   |
| Amount Requested fr  | om DCCAH  |                |  |        |  |   |
| Other funding sources  | TOTAL     |                |  |        |  |   |
|  | 1         | Φ Φ            |  | , pt   |  |   |
|  | 2         | Source         |  | Amount |  |   |
|  | 3         | ω <sub>2</sub> |  | <      |  |   |
| Itemized<br>Budget<br>Narrative  |           |                |  |        |  |   |
|  |           |                |  |        |  |   |
| Partner(s)   (Select all that apply)  None  Community 501 (c) 3, ANC, Civic Association  Government: DC Agency or Federal  Educational Institution  Arts Organization  Corporate Entity, Private Industry  Regional, National, International Organization or Government  Direct Select/Special Initiatives (Public Art Master Plan)  Other |           |                |  |        |  |   |
| Partner Name   |           |                |  |        |  |   |
| Contact Name  Email Phone  |           |                |  |        |  | - |
| Partnership<br>Description   |           |                |  |        |  |   |

| Attachments    | List all attachments below and include in high resolution (300dpi) format (photos, videos, Power Point Presentation, PDF, etc.) |
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| Return this co | mpleted form and all attachments to:  |
|                | ission on the Arts and Humanities   |
| 200 I (Eye)    | Street, SE, Suite 1400 Washington, DC 20003   |
| For Grants Inc | quiries Contact;  |
| Moshe Ada      |   |
| moshe.adams    |   |
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| FOR DCC        | AH USE ONLY   |
|                |   |
| DCCAH Projec   | t Manager(s):   |
| Challenges/Ris | sks   |
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|                |   |
| <b>A</b>       | No.   |
| Approv         | /ed Yes No<br>vide explaination   |
| 11 110, prov   | ride explaination [   |
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|                |   |