

CONTACT INFORMATION

Organization/Group: _____

Contact Name/Title: _____

Cell Phone: _____ Alternate Phone: _____

Email: _____ Fed. Tax ID # (Optional): _____

Address: _____

Web Address: _____ FB URL: _____

PROJECT

Title of project: _____

Description of project (e.g. time, date, location, # of participants, event summary) - If necessary, submit additional pages and /or project materials.

How does this project align with the Costa Mesa Cultural Art Committee’s goals and objectives?

Project schedule (duration and time of completion):

Funds requested: _____ How will the funds be utilized (be specific)? _____

If funds are awarded, a brief summary of the project will be required to be submitted, within 90 days of the project completion, to the Cultural Arts Committee (e.g. pictures, video, presentation, written summary) Can you commit to this requirement? Yes No

May a Cultural Arts Committee member attend the project? Yes No*

*Please explain: _____