| Artist Information | | |
|--|---|--|
| Name: | | |
| Business Tax ID Number (if applicable): | | |
| Company Name (if applicable): | | |
| Contact Person Name: | Contact Person Title: | |
| E-Mail Address: | | |
| Website: | | |
| Mailing Address: | | |
| City: | State: Zip Code: | |
| Phone Number: | Mobile Number: | |
| Preferred method of contact? Business Photographic Description Business Photogra | none | |
| Grant R | Request ———— | |
| ☐ Monetary Funding Request: \$ | Maximum amount that can be requested is \$1,000 | |
| Project Description: | | |
| Programming Locations/Wards/Neighborhoods: | | |
| Identify organizations and/or individuals you will be work (if applicable): | king with or collaborating with on this project | |

| —————— Grant Request | |
|--|--|
| Is this project related or in relation to an event?: | □ Yes □ No |
| ldentify individuals benefitting from your artwork (e.g. General Pu | ublic, Title 1 schools, youth, adults, seniors): |
| Describe the goal/objective of your project: | |
| Approximately how many people will participate or have opport | tunity to view project: |
| Has the City of Riverside granted your organization in the past? If yes, list department(s), date, amount and/or type of sponsorshi | □ Yes □ No ip: |
| Additional Documents Submit this completed application with the following: | |
| Signature of Authorized Representative | Date |