



PUBLIC ART RIVERSIDE GRANT

FISCAL YEARS 2024-25 & 2025-26 APPLICATION

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 Phone Mobile Phone Email

Please provide if not listed above: _____

Grant 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 working with or collaborating with on this project (if applicable):



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Grant Request

Is this project related or in relation to an event?:

Yes

No

If yes, please provide event, date and time:

Identify individuals benefitting from your artwork (e.g. General Public, Title 1 schools, youth, adults, seniors):

Describe the goal/objective of your project:

Approximately how many people will participate or have opportunity to view project: _____

Has the City of Riverside granted your organization in the past?

Yes

No

If yes, list department(s), date, amount and/or type of sponsorship:

Additional Documents Required

Submit this completed application with the following:

- Supporting Materials (e.g. videos, links, presentations, etc.) if applicable

Signature of Authorized Representative

Date