

PORT TOWNSEND ARTS COMMISSION

APPLICATION FOR FINANCIAL SUPPORT

The PTAC Applications Screening Committee will forward their recommendation to PTAC within 30 days of receipt of application. Notice of award will be made after the next scheduled PTAC meeting following the Screening Committee recommendation.

Organization/Individual(s) _____ Date _____

Address _____ Phone _____

Contact Person _____ E-Mail Address _____

DESCRIPTION AND TIMELINE OF PROJECT *:

Amount requested: _____

Does this project involve date-specific event(s)? _____ Dates: _____

Will admission be charged for the event(s)? _____ Amount: _____

Will there be invited donations at the door? _____

Has the venue for the event(s) been assessed as A.D.A. accessible? _____

If affirmative, please enclose a copy of assessment report, or complete the attached Venue Accessibility Statement .

PROPOSED BUDGET *:

Please list other sponsoring agencies you are applying to.

Organizations only: include a summary of the organization's budget (expenses & revenues) for the last 12 months. If applicable, include also documentation of tax-exempt status.

ANTICIPATED USE OF REVENUES:

CULTURAL OR EDUCATIONAL BENEFIT TO THE COMMUNITY *:

* Use additional space as needed. To help reduce paper & copy costs we encourage applicants to submit these portions in electronic form, e.g. as attachment to email with project name as subject line