



St. Cloud Arts Commission Community Art Fund

**PROJECT INFORMATION**

Project name:
Project address or location:
Briefly describe the project:

**APPLICANT CONTACT INFORMATION**

Applicant:
Project contact person:
Mailing address:
Daytime phone:
E-Mail address:

**PROJECT FUNDING REQUEST**

TOTAL request from ArtSparks (up to \$1,000):	\$
TOTAL value of match (please include in-kind contributions):	\$

The signatory declares that s/he is the representative of the applicant group and that any funds received as a result of the application will be used only for the purposes set forth herein.

Name (print):
Signature:
Address/Zip:
Phone:
E-mail:

FOR OFFICE USE ONLY
DATE RECEIVED: _____



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**PROPOSAL NARRATIVE**

The purpose of ArtSparks matching fund project is to pair neighborhoods with community artists and/or arts organizations to develop projects that enhance and strengthen neighborhoods through the arts.

Project address or location:

**PROPOSED IDEA:**

**NEIGHBORHOOD/COMMUNITY BUILDING THROUGH THE ARTS:**

**OUTCOMES:**

**PROJECT RESOURCES AND READINESS:**

FOR OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_