

## YOUTH ARTS EDUCATION GRANT APPLICATION GENERAL INFORMATION

Organization/Individual Name:			
Address:			
City:	Zip:	Email:	
Contact:	<del></del>	Title (if applicable):	
Amount Requested:		When are funds needed?	
How many youth will be impa	cted by the project?		
If organization, does organizati	on have FEDERAL ta	x-exempt status? Yes No	
If no, please explain:			
Please attach 501 (c) (3  Please attach project b  PROJECT SUMMARY: (use only	udget.	npt Determination	
Authorized Signature:		Date:	

MAIL/EMAIL APPLICATION TO:

Greater Rochester Arts and Cultural Trust
220 South Broadway Ave, Suite 100, Rochester, MN 55904
www.RochArtsTrust.org