



## REQUEST FOR FUNDS FORM

Grant #: \_\_\_\_\_ (4-digit number provided on your award letter)

Grant Program: (please check appropriate box below)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Artist in Residence | <input type="checkbox"/> Community Arts Access    | <input type="checkbox"/> Individual Artist Fellowship |
| <input type="checkbox"/> Presenter Support   | <input type="checkbox"/> Professional Development | <input type="checkbox"/> STE[A]M                      |
| <input type="checkbox"/> Special Projects    | <input type="checkbox"/> Teacher Incentive        |   |

Project Begin Date: \_\_\_\_\_ (mm/dd/yr)

Project End Date: \_\_\_\_\_ (mm/dd/yr)

Contact Person: \_\_\_\_\_

Organization: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mail check to: (complete only if different from address above)

\_\_\_\_\_

DATE FUNDS ARE NEEDED: \_\_\_\_\_ (mm/dd/yr)

a. Total Amount of Grant Award \$ \_\_\_\_\_

b. Amount Previously Requested \$ \_\_\_\_\_

c. Amount Now Requested \$ \_\_\_\_\_

d. Total of "b" and "c" \$ \_\_\_\_\_

Authorizing Official: \_\_\_\_\_

(signature required)

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Return to: North Dakota Council on the Arts, 1600 E. Century Ave., Suite 6, Bismarck, ND 58503-0649.