



NORTH DAKOTA COUNCIL ON THE ARTS

REQUEST FOR FUNDS FORM

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

Grant Program: (please check appropriate box below)

- Artist in Residence
- Arts in Ed Collaboration
- Teacher Incentive
- Community Arts Access (Tier 1)
- Community Arts Access (Tier 2)
- Special Projects
- Professional Development
- Individual Artist Fellowship

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 Grant Award Amount \$ _____

b. Amount of this Award Previously Received \$ _____

c. Amount Now Requested \$ _____

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

Authorizing Official: _____
(signature required)

Date: _____ Phone: _____ Email: _____

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