

Women's Art Initiative Partnership Application

Applications must be typed.

Mail to Women's Art Initiative, PO Box 4926, Rock Hill, SC 29732 or

Email to Info@WomensArtInitiative.org

Applicant/Organization (Name, Address, ZIP Code):

Contact Person/Title:

Phone:

Email:

Organization Federal ID Number/EIN:

Amount Requested:

Project Summary (include other partners/collaborators):

Scope of Project (include site photo or description):

Budget Outline (Round expense and income to nearest dollar):

Projected Timeline:

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Prospective events and or activities in the community related to the project:

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How will donors/partners be recognized? (On-site, promotional/marketing material, cross-marketing)

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References:

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Statement of Assurances:

The applicant represents and warrants to the Women's Art Initiative that:

1. The project for which assistance is sought will be administered by or under the supervision of the applicant.
2. The filing of this application and signature have been authorized by the governing body of the applicant.
3. The applicant will expend funds, received as a result of this application solely for the described project.
4. The applicant will work with the Women's Art Initiative's Art Selection Committee regarding documentation of the project, promotion of the project, and recognition of WAI's support.

The applicant certifies that the information herein and any attachments are true and correct.

By: _____
Authorized Official Signature of Applicant

Witness: _____
Signature

Typed Name and Title.

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