

Petaluma Arts Association

CONTRIBUTION REQUEST

Please print and complete this application using additional pages when necessary to fully answer the questions. Submit 5 copies of this application and supplementary documentation requested below by mail To The Petaluma Arts Association Grants Committee PO Box 2623 Petaluma Ca 94953

Organization Name: _____

Address: _____

City: _____ **State** _____ **Zip Code:** _____

Phone: _____ **e-mail** _____

Submitted By: _____ **Title:** _____

1. Primary purpose of your project: Include length of the project and the number of students served.

2. State the amount of funds you are requesting: \$ _____

3. Describe the project/expenses to be supported if funds are received from the Petaluma Arts Association

4. Name of the school (s) of intended service?

5. Does your Organization have a Board of Directors? Yes___ No___
If yes, please attach a list of members.

6. Does your organization have a 501(c)(3) designation? Yes___ No___

If yes, please provide a copy of official designation.

7. Indicate how the Petaluma Arts Association will receive recognition from our support:

8. Are there items other than money that your organization might require? (PAA is interested in projects that would benefit from PAA participation and may have "in kind" donation opportunities).

9. Does this request have a special time requirement? Yes___ No___

If yes, please explain: