

## Emerging Artists Public Art Micro Grant Fiscal Years 2020-21

## **Application**

Artist Information		
Name:		
Business Tax ID Number (if applicable):		
Company Name (if applicable):		
Contact Person Name:	Contact Person T	itle:
E-Mail Address:		
Website:		
Mailing Address:		
City:	State:	Zip Code:
Phone Number: ( ) -	Mobile Number: ( ) -	
Preferred method of contact? ☐ Business Phone ☐ Mobile Phone ☐ Email  Please provide if not listed above:		
Micro Grant Request		
☐ Monetary Funding Request: \$ Maximum amount that can be requested is \$1,000		
Project Description:		
Programming Locations/Ward/Neighborhoods:		
Identify organizations and/or individuals you will be project (if applicable):	e working with or	collaborating with on this



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Is this project related or at an event?:   Yes  No		
If yes, please provide event, date and time:		
Identify individuals benefitting from your artwork (e.g. General Public, Title 1 schools, youth, adults, seniors):		
addits, seriors).		
Describe the goal/objective of your project:		
Approximately how many people will participate or have opportunity to view project:		
Has the City of Riverside granted to you in the past? ☐ Yes ☐ No		
If yes, list department(s), date, amount and/or type of sponsorship:		
Additional Documents Required		
Submit this completed application with the following:		
Supporting Materials (e.g. videos, links, presentations, etc.) if applicable		
Signature Date		