PUBLIC ART RIVERSIDE GRANT

FISCAL YEARS 2026-27 & 2027-28 APPLICATION

Artist Information

Name: _____

Business Tax ID Number (if applicable): _____

Company Name (if applicable): _____

Contact Person Name: _____ Contact Person Title: _____

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: _____

Grant Request

☐ Monetary Funding Request: $_____ Maximum amount that can be requested is $1,000

Project Description:

Programming Locations/Wards/Neighborhoods:

Identify organizations and/or individuals you will be working with or collaborating with on this project (if applicable):

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Grant Request

Is this project related or in relation to 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):

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 your organization 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 of Authorized Representative

Date