Community Mural Project Grant Form

Applicant Information

Organization / Group Name
Contact Person
Email
Liliali
Phone Number
Mailing Address
Project Information
Project Title
Proposed Mural Location
Troposed March Essentisti
Project Description
Project Goals & Community Impact
Timeline & Budget
Donas and Ota t Date
Proposed Start Date
Proposed End Date
Grant Amount Requested
How will the funds be used?

Artist Information

Lead Artist Name			
Artist Bio			
Additional Inf	formation		
Additional ini	ornation		
Partners / Collaborato	rs		
Other Comments			