



For Official Use Date Received: _____ Date Awarded: _____

SPECIAL APPROPRIATIONS APPLICATION

Application must be printed or typewritten

PLEASE DO NOT ATTACH ANY ADDITIONAL SUPPORT MATERIAL

This application may be duplicated

Applicant: _____ **Project Title:** _____

District/Agency: _____ **School:** _____

Address: _____
CITY ZIP

Email: _____ **Phone:** _____ **Fax:** _____

Applicant Signature: _____ **Principal/Supervisor Signature:** _____

If you are awarded special appropriation monies, the check should be made payable to:

1. Number of participants impacted: _____ Disabilities Served: _____

2. Describe your project or program and how it provides for and/or expands on visual and/or performing arts experiences for all participants.

3. What are the expected participant activities (direct involvement)?

4. What are the expected outcomes?

5. Amount Requested: _____. Provide a specific list and/or materials required to successfully complete the proposed project or program, and itemize the expenditures. (A separate sheet may be attached if needed).