

**GWAII TRUST
ARTS PROGRAM
APPLICATION**

The Gwaii Trust Arts Program provides funding to three main elements (please check the appropriate box):

- Mentoring Projects
- Collaborative Projects
- Education and Training
- Workshops

Legal Name of Applicant: _____

Contact Name: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

Project Name: _____

Project Description: _____

Location of Project: _____

Estimated Project Costs: _____

Source of Funds: _____

TOTAL _____

TOTAL _____

Amount Requested from Gwaii Trust: _____

Project Timeline - Start date: _____ **Completion date:** _____

Have you applied for other funding? Yes or No

If yes, please identify the program and status of applications:

Certification:

I/we certify that the information contained in this application and attached proposal are correct and complete at the date of this submission.

Applicant (signature)

Applicant (signature)

Date: _____