

ANNUAL GRANT PROGRAM APPLICATION

Green Bay Public Arts Commission
City of Green Bay
Dept. of Community and Economic Development
100 North Jefferson Street - Room 608
Green Bay, WI 54301-5026
Phone: (920).448.3142
Fax: (920).448.3426
<http://greenbaywi.gov/pac>



GREEN BAY
PUBLIC ARTS
COMMISSION

NAME OF ARTIST/ARTIST TEAM OR ORGANIZATION: _____

APPLICANT/ORGANIZATION NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE (DAYS): _____

E-MAIL ADDRESS: _____

PROJECT TITLE: _____

WHERE PROJECT WILL OCCUR: _____

START DATE: _____ END DATE: _____

ESTIMATED TOTAL COST: _____ ADDITIONAL INCOME: _____

AMOUNT REQUESTED FROM GBPAC: _____

WHAT IS YOUR EXPERIENCE WITH EXHIBITING, PERFORMING OR PROGRAMMING PUBLIC ART? (In addition to the below description, remember to attach several examples of previous work - Maximum of 4 examples.)

IN THE SPACE PROVIDED, BRIEFLY DESCRIBE YOUR PROJECT: (Additional pages may be attached: 1 full page maximum.)

PROJECT OBJECTIVE:

DO YOU HAVE THE NECESSARY INSURANCE FOR THIS PROJECT? (Please circle one.)

YES

NO

DO YOU HAVE THE NECESSARY PERMITS FOR THIS PROJECT? (Please circle one.)

YES

NO

