



Shasta County Arts Council

Program Proposal

Date: _____

Program Name: _____

Contact Person: _____

Address: _____

Phone: _____

Email: _____

Please write a brief description of your area of expertise:

Please write a brief description of the program you are proposing:

1313 Market Street • Redding, CA 96001-0611

(530) 241-7320 • www.shastaartscouncil.org • shastart@shastaartscouncil.org



Funded in part by the California Arts Council, a state agency; The National Endowment for the Arts, a federal agency; and the City of Redding.



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Please describe your strategy for raising funds to support the program:

Additional comments:

OFFICIAL USE ONLY:

DATE _____

APPROVED _____ NOT APPROVED _____

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