



Shasta County Arts Council

PROJECT PROPOSAL

Please fill out the following form and submit it along with a resume and three references to:

SHASTA COUNTY ARTS COUNCIL, 1313 MARKET ST, REDDING CA 96001

FAX: 530.225.4455

EMAIL: AGATA@SHASTAARTSCOUNCIL.ORG

Date: _____

Project Name: _____

Contact Person: _____

Address: _____

Phone: _____

Email: _____

Do you have a bank account for the project? Yes No

If so what bank and what is the name on the account?

Do you file a Schedule C for the project? Yes No

If not please explain:

1313 Market Street • Redding, CA 96001-0611

530.241.7320 • www.shastaartscouncil.org • shastart@shastaartscouncil.org



REDDING
CULTURAL
DISTRICT



Shasta County Arts Council

Please write a brief description of your area of expertise:

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

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

Any additional comments:

OFFICIAL USE ONLY:

DATE _____ APPROVED _____ NOT APPROVED _____

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