

CREATIVWORKFUND {LETTER OF INQUIRY COVER SHEET}

c/o The Walter and Elise Haas Fund
One Lombard Street, Suite 305 • San Francisco, CA 94111 • For information, call 415-402-2793

Application in: Media Arts Performing Arts ArtPlace

Collaborating organization _____

Address _____

City/County/State/Zip _____

Contact person knowledgeable about this project (Name and Title) _____

Phone number of contact person _____ e-mail address _____

Signature of contact person _____
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Lead collaborating artist _____

The lead collaborating artist should **not** be a part of the collaborating organization. Projects involving multiple artists should designate one person to serve as the "lead artist" for eligibility, questions, and notification.

Residential address _____

City/County/State/Zip _____

Daytime telephone number _____ e-mail address _____

Signature of collaborating artist _____
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Fiscal sponsor (if used) _____

Address _____

City/State/Zip _____

Contact person knowledgeable about this project _____

Phone number _____ e-mail address _____

Signature of fiscal sponsor contact person _____
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Project title _____

Brief project description (25 words or less) _____

Form of finished project _____

Duration of project _____ Annual organization budget (most recently completed fiscal year) _____

Project budget _____ Amount requested from the Creative Work Fund _____

For Creative Work Fund Office Use Only

Date entered into Gifts _____ Application # _____