

**FUND FOR ACTION
APPLICATION COVER SHEET**



Name of Organization	
Contact Person/ Title	
Address	
City	State
County	Zip

Organization type/discipline (check box)

- Performing Art
 Visual-Media Arts
 Multi-Disciplinary
 Historic Site
 Museum
 Arts/Education
 Living Collections
 Service
 Literary
 Other

Telephone	Fax
E-mail	Website

Project Summary

Project Budget Summary

Total Project Expenses	Total Project Income
Amount Requested from PCMI	
Year 1:	
Year 2:	
Year 3:	

Project/Executive Director Signature

Date