



Julie McLeod, director ~ www.awolsb.org
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AFFILIATE APPLICATION

please sign and return this

Affiliate Individual or Company _____

Contact Person _____

Official Title _____

Address, Zip _____

Phone _____ Cell _____

E Mail _____

Alternate Contact - if any _____

Address, Zip, Phone _____

Describe your art form and your background. You may attach up to one page. Do you work with mentorships?

Briefly describe the project you will be asking for funds for. What is your budget for the project? In general, who do you intend to approach for funding? Do you have any funding to date, if so how much and what is the source.

Board of Directors approval? _____ Date _____

I have read this agreement and agree to abide by the terms set out in the attached Affiliate Guidelines (page 1-3).
_____(initial)

I understand that 5% is due to Art Without Limits from each grant total received. A \$50 non-refundable fee is due with each grant proposal form submitted. The \$50 can be credited back to the 5% due. _____(initial)

I will fill out reports every 6 months and send them to Art Without Limits on a timely basis _____(initial)

This contract will remain in effect for 12 months after the last grant proposal submitted. If no new proposals are submitted in that period a new application/contract must be submitted. _____(initial)

Affiliate _____

AWOL Board Member/ED _____

Date _____