

Form B. Application Cover Page

Legal Name of Applicant	
Mailing Address	
City, State, Zip	
City Council District	
Phone	
Fax	
Website	

Chief Executive	
Title	
Phone	
Fax	
Email	

Contact Person	
Title	
Phone	
Fax	
Email	

Authorized Signatory Name	(if other than Chief Executive)
Title	
Phone	
Fax	
Email	

Form (Type "Long" or "Short")

Level (See page 13) (Type "I" "II" or "III")

Are you an AAM accredited museum? (Type "Yes" or "No")

From Form D:

TUI less Inkind Line 1		AOI Line 11		Amount Requested Line 13	
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In the space below, please provide a 100-words description of your organization (mission, history, and core programming and services): Delete these instructions.