



Application for Funding

Arts Programming

Vernon Arts Commission

<http://vacvernonct.tripod.com/>

Funding Request Total = \$ _____

Financial Details

Performer Fee = \$ _____ + Advertising = \$ _____

Name of Sponsoring Organization, School, or Individual Artist:

Contact Information

Name: _____

Email: _____ **Phone number:** _____

Event / Program Details ~ Title: _____

Date: _____ **Time:** _____ **Location / Venue:** _____

Name of hired Performer / Presenter: _____

Description of Program / Event: _____

How will this program impact the community of Vernon and who will benefit?

MAIL TO:

Lisa Ouellette ~ Vernon Arts Commissioner and Treasurer
57 Hany Lane
Vernon, CT 06066

QUESTIONS? Contact: Lisa Ouellette Lisa.Ouellette58@att.net (860) 872-6180

Approved by VAC: _____ **Date:** _____