

**Arts Foundation of Cape Cod  
Grant Application Cover Sheet For Individual Artist**

Name

---

Mailing Address

---

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address of Applicant

---

Project Description

---

---

---

Total Project Budget

---

Amount Requested from the AFCC

---