

**Arts Foundation of Cape Cod  
Grant Application Cover Sheet For Organizations**

Organization Name

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Mailing Address

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

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

Email Address of Applicant

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Executive Director

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

Email Address Executive Director

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Grant Coordinator

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

Email Address Grant Coordinator

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Project Description

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Total Organization Budget

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Total Project Budget

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Amount Requested from the AFCC

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