

Community Arts Program Professional Development Support Application

Organization Name _____

Applicant Name & Role _____

Conference or Training _____

Date of Conference _____

Organization Street Address _____

City _____ Zip _____

Telephone _____

Email _____

Website _____

DUNS# _____

ASSURANCES

I certify that:

- I understand that payment will not be processed until I have provided receipts.
- Applying does not guarantee funding.
- I will attend the **entire** conference / training

Signature (Applicant)

Date

Signature (Board Chair or Supervisor)

Date

1) Have you previously received Community Arts professional development support funding?

Yes No

If Yes: When did you receive it and what conference or training did you attend?

2) Has anyone else from your organization applied for this funding in this fiscal year?

Yes No

If Yes: When did they receive it and what conference or training did they attend?

3) How will this opportunity support your organizational / personal / professional goals?

To submit application: email Tracy Hansford at thansford@utah.gov.

In the email subject line please put: **Community Arts Professional Development, (Your Name)**

If you have questions please contact Tracy at the email above or call 801-236-7544