

FY19 CULTURAL COALITION CONTACT FORM

PLEASE COMPLETE AND SUBMIT YOUR COALITION CONTACT FORM TO: Cultural.Trust@Oregon.gov Once we have received your completed form, we will send you the grant agreement.

Questions? Contact Kat Bell (503) 986-0082 or Aili Schreiner (503) 986-0089.

COALITION CONTACT Information:

plan (PDF format)

	,
Coalition Name:	
Coalition Address:	
City:	
State:	
Zip Code:	
Organization Email:	
Coalition EIN Number:	
Coalition Website:	
Primary Contact Name:	
Primary Contact Phone Number:	
Primary Contact Email:	
Congressional District:	
State Senate District:	
State House District:	
Applicant Status:	
Applicant Institution (codes provided):	
Fiscal Sponsor (if applicable; all the information needed as above)	
PLEASE ATTACH THE FOLLOWIN	G (PDFs preferred):
☐ Grant Guidelines & Applica	ude names and contact information tion: Have you updated your grant guidelines or application ounload your new versions (PDE format)

Ш	Updated Board Roster: Include names and contact information
	Grant Guidelines & Application: Have you updated your grant guidelines or application
	since last year? If yes, please upload your new versions (PDF format)
	Cultural Plan: Have you updated your Cultural Plan? If yes, please upload your updated