

SEED Grant Application

Also available on the website at: www.oneidanationarts.org

Contact: Beth Bashara, Director
920-490-3833 • bbashara@oneidanation.org

Application Information

Name of School or Organization _____

Street Address _____

City _____ State _____ Zip Code _____

Name of District _____

Mailing Address _____

City _____ State _____ Zip Code _____

FEIN Number _____

Building Principal / Director _____

Telephone / E-mail _____

Contact Person for Artist _____

Telephone / E-mail _____

Name of Artist Selected (1 artist per application) _____

Grade Level and # of Students _____

Date / Time of Service _____

SEED Grant/FEE
(see individual Artist Roster) _____

Round Trip Mileage: # of miles _____ x .50 = _____

Additional Fee: _____

Signature of Authorizing Official and Title
(person with authority to expend funds)

Date

Mail, Fax, or Email application & grant agreement to:

ONAP : SEEDS
PO Box 365
Oneida, WI 54155-0365

Fax: (920) 490-3839 * Email: bbashara@oneidanation.org

