

# PARTNER INFORMATION FORM



- COMMUNITY ARTS PROJECT OR
- ARTS IN EDUCATION LEADERSHIP PROJECT
- ARTLINKS FOR (CIRCLE ONE) \_\_ YEAR ONE \_\_ YEAR TWO \_\_ YEAR THREE

Primary Partner's Name: \_\_\_\_\_

A Partner Information Form must be completed by each member of the partnership, including the Applicant Organization (primary partner).

\_\_ Primary Partner/Applicant Organization      \_\_ Collaborating Partner  
Federal Employer ID Number \_\_\_\_\_

Organization Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Mailing address (if different) \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ TTY/TDD Number \_\_\_\_\_  
Fax Number \_\_\_\_\_ Web Site \_\_\_\_\_

Executive Director/Equivalent \_\_\_\_\_ Title \_\_\_\_\_

Project Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Project Contact Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

Briefly describe how your organization will contribute to this project.

Partners are encouraged to submit any support materials that will contribute a better understanding of their organization and the proposed project.

**Authorized Signature:** I certify that my organization is committed to the completion of the proposed activities in compliance with NHSCA legal requirements. The information in this application, including attachments, financial statements, and other supporting materials is true and correct to the best of my knowledge. The required public acknowledgement will be given to the NH State Council on the Arts if this application is approved.

Name of Authorizing  
Official \_\_\_\_\_ Title \_\_\_\_\_

Signature of Authorizing  
Official \_\_\_\_\_ Date \_\_\_\_\_