

# REGIONAL ARTIST PROJECT GRANT RECOMMENDATION FORM

Please return this grant recommendation in a sealed envelope with your signature across the back of the envelope to the grant applicant. The grant applicant will be responsible for including it in their grant application package.

Name of Grant Applicant: \_\_\_\_\_

Discipline of Grant Applicant: \_\_\_\_\_

Name of Recommender: \_\_\_\_\_

Recommender phone: \_\_\_\_\_

Recommender email address: \_\_\_\_\_

Relationship to Grant Applicant: \_\_\_\_\_

How long have you know the applicant: \_\_\_\_\_

Please rate the grant applicant in the following categories:

low      1      2      3      4      5      high

Artistic Quality

Ability to communicate with others

Ability to complete projects

Ability to stay within a budget

Are you familiar with the applicants proposed project?      Yes      No

Please provide additional comments that might give panelists an insight into the applicant.