BHCT MINI GRANT PROPOSAL

PROJECT NAME:	

ARTIST NAME:	

ARTIST PHONE:	ARTIST EMAIL:
Which of these descriptions best suits your project:	□ An independent event not tied to existing BHCT programming □ A proposal for a BHCT Summer Camp for youth □ A proposal for a traveling performance within BHCT's Summer Stage Series

I. PROJECT DESCRIPTION

II. HOW DOES THIS PROJECT RELATE TO BHCT'S MISSION?

BHCT's mission is to collaborate with our community to entertain, educate, and foster growth in the arts

III. WHAT SUPPORT (OTHER THAN FINANCIAL) DOES YOUR PROJECT NEED FROM BHCT?

- ☐ **Rehearsal space**
- ☐ **Performance space**
- ☐ **Marketing/Promotions**
- ☐ **Administrative**
- ☐ **Other *(please describe below)***

IV. PROJECTED BUDGET

HOW FUNDS WILL BE USED	AMOUNT
TOTAL	