



# PROGRAM PROPOSAL FORM

## PERSONAL INFORMATION

Please Print

Date	_____
Name	_____
Address	_____ _____
Telephone #s	_____
eMail	_____

## PROGRAM PROPOSAL

Program Title	_____
Program Description*:	_____ _____ _____ _____ _____
*Optionally, you may provide a typewritten description of your program and attach it to this form.	

**PROGRAM PLANNING & MANAGEMENT**  
(answer as many questions as you are able to at this time)

Are you involved in making it happen? \_\_\_\_\_

Do you have a committee? \_\_\_\_\_

If so, who are the other people involved? \_\_\_\_\_

When would you suggest having this program? \_\_\_\_\_

Where would you hold the program? \_\_\_\_\_

How often would it occur? \_\_\_\_\_ Time of year? \_\_\_\_\_

Cost of supplies (if any)? \_\_\_\_\_

What is the overall program cost? \_\_\_\_\_

What is the monetary request from CAA? \_\_\_\_\_

What, specifically, do you wish CAA to pay for? \_\_\_\_\_

Have you/will you approach any other organization(s) for support? \_\_\_\_\_

Would the attendees pay? \_\_\_\_\_ If so how much each? \_\_\_\_\_

Anticipated attendance numbers \_\_\_\_\_

Can CAA expect to receive a net financial benefit from this (not required)? \_\_\_\_\_

Date by which you need a decision by CAA \_\_\_\_\_

**APPLICANT SIGNATURE & AFFILIATION**

Signature \_\_\_\_\_

Organization you represent \_\_\_\_\_

Please return the completed form to:

Castine Arts Association  
P.O. Box 592  
Castine, ME 04421  
email: [info@castinearts.org](mailto:info@castinearts.org)