



CITY OF SAN ANTONIO  
DEPARTMENT FOR CULTURE  
& CREATIVE DEVELOPMENT

**FY 2015**

**ARTS FUNDING DIVISION**

**CERTIFICATION OF  
FY 15 FUNDING WORKSHOP ATTENDANCE**

The undersigned certifies that s/he is/are authorized Agency Representative(s) and in so being is/are authorized to submit and sign this Certification of Required FY 15 Funding Workshop Attendance (in its entirety) on behalf of the entity named below:

Organization Name: \_\_\_\_\_

First Attendee's Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

First Attendee's Signature: \_\_\_\_\_

Date of Workshop Attended: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Second Attendee's Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Second Attendee's Signature: \_\_\_\_\_

Date of Workshop Attended: \_\_\_\_\_

Submittal date: \_\_\_\_\_