



FY 2015

ARTS FUNDING DIVISION

VERIFICATION OF EMPLOYMENT AS ADMINISTRATOR

To be completed by Applicant Managing Director

Per FY 15 DCCD Funding Guidelines applicants for Operational and Artist Re-Granting Funding are required to have a FT/PT Managing Director.

Administrator's Full Legal Name/Title: _____

Date of Employment: _____

Email Address: _____ Cell Number: _____

Days and Hours Worked: _____

Organization Name: _____

Physical Address: _____

Phone Number: _____ Fax Number: _____

Website (if applicable): _____

Hours of Operation: _____

Verified By (Supervisor/Board Chair):

Printed Name: _____

Signature: _____

Date Signed: _____