



ARTS ACCESS APPLICATION

Name of Organization: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Executive Director: _____

Contact Person/Title: _____

Phone: _____

Email Address: _____

Organization Website: _____

Is your organization an IRS 501 (c) (3) not-for-profit?: Yes No

Total Number of Clients you serve yearly: _____

Number of Children served (under 18): _____

Number of Adults served (19-54): _____

Number of Seniors served (55+): _____

Number of individuals expected to participate in the program: _____

How did you hear about the program?:

Briefly describe why you would like your members to benefit from this program:



Explanation of Organization:

Organization Mission:

Organization Vision:

Please email completed applications to: artsaccess@bergenpac.org

The mission of bergenPAC is to make the live performing arts accessible to all. We have built a creative home and education center that guides and liberates the imagination of our young, inspires and expands the lives of our adults, and attracts established and emerging artists of excellence and relevance.