

Co-Op Press Fund  
Commission Assistance Grant Program

Application  
(please type or print legibly)

Contact information regarding the person completing the application:

Name:

Street Address:

City, State, and Zip Code:

Phone Number:

E-mail address:

Information regarding the musical group applying (if the same as above, just indicate "same"):

Name of organization for large performing group or names of individuals for small performing groups:

Director's name (if applicable):

Street Address:

City, State, and Zip Code:

Phone Number:

E-mail address:

URL for organization or individuals (if applicable):

Level of development (check one):

elementary

junior high/middle school

high school

undergraduate

graduate

professional

amateur

Please include a paragraph or two describing the location of recent performances, type of programming included, audience size, and any other information that would illuminate the accomplishments of the performers:

Please include a paragraph or two that describes the electronic interaction that will take place between the composer and the performers, community members and/or students:

Please describe why commissioning a new piece of music is important to you and/or your organization

Information regarding the proposed commissioned work (be as specific as possible):

Date and Time of Performance (no sooner than 6 months and no later than 18 months from the application deadline):

Place of Performance:

Seating Capacity of Venue:

Anticipated Audience:

Anticipated Publicity:

Possible additional performances of commissioned work (indicated date, location, and anticipated audience size):

Length of Commissioned Work Desired:

Instrumentation of Commissioned Work:

Other Descriptive Aspects of the Piece Desired (special event, theme, style, targeted audience, etc):

I have read the guidelines regarding this grant proposal and agree to abide by these guidelines. The information provided in this application is correct to the best of my knowledge.

\_\_\_\_\_  
Signature of person completing application

\_\_\_\_\_  
date

If applicant is under 18, the signature of a parent or guardian is required.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
date

If applicant is a student, the signature of the music teacher that will be overseeing the work on this project is required.

I have read the guidelines regarding this grant proposal and my student's application and agree to assist my student in the preparation of the music and in arranging the interaction.

\_\_\_\_\_  
Signature of music teacher

\_\_\_\_\_  
date

Final Instructions:

A CD recording of the performers must be included with this application.

Mail the completed application along with the recording to:

Co-op Press  
1400 E. Crestview Dr.  
Cottonwood, AZ 86326-4599