**PROVIDER OF SERVICES**

**THE PROVIDER OF SERVICES CANNOT BE SUBSTITUTED BY A RESUME OR INFORMATION CONTAINED IN ATTACHMENTS. You may, however, include a complete resume, brochures, CD or DVD, samples of work for the provider as attachments to the application.**

1. **Must be completed for the Project Director.**
2. **Must be completed for artists, artistic personnel, or other individuals directly involved with the implementation and production of the proposed project.**
3. **Use a separate copy of this form for each person or group. If more than one of these forms is needed, photocopy it.**

|  |  |
| --- | --- |
| **25. Person or Group to Provide Services:** |  |
|  **Sample of work included** | **\_\_\_\_\_\_Yes \_\_\_\_\_\_\_No** |
| **Is this Artist on the Northwest Louisiana Artist Directory?** | **\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_No** |
|  Address |  |
| Website address |  |
| City |  |  State |  | Zip |  |
| Phone |  |  Email |  |
| **26. Number/Length of Activities/Services to be Provided:** |  |
| **27. Professional Fee** |  |  Per  |  | (Hour, Session, Activity) |
| **28. Travel Costs/Per Diems** |  |  |
| **Total Fee for Service**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |

 DAF Grant CASH Total

 $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_

**30. BRIEF BIO OR QUALIFICATIONS**

|  |
| --- |
| ***Directions*:** Describe the qualifications, including education and training, and related work experience for the individuals or organizations hired for this project: |
| **31. DESCRIPTION OF SERVICES** ***Directions***: Detail the services to be provided. This information should relate to Question 13. Proposed Activities. **26. DESCRIPTION OF SERVICES** ***Directions***: Detail the services to be provided. This information should relate to Question 15. Proposed Activities.  |