

## 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, and/or videotape, slide or cassette tape samples of work for the provider as attachments to the application.

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

**Person or Group to Provide Services:** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Number/Length of Activities/Services to be Provided:** \_\_\_\_\_

**Professional Fee** \_\_\_\_\_ Per \_\_\_\_\_ (Hour, Session, Activity)

**Travel Costs/Per Diems** \_\_\_\_\_

**TOTAL FEE FOR SERVICE** \_\_\_\_\_  *Check here if total fee is all-inclusive.*

**Is the Professional Fee for Service paid for with:**  **DAF GRANT**  **CASH**  **IN-KIND**

### 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

### DESCRIPTION OF SERVICES

**Directions:** Detail the services to be provided. This information should relate to Question 15. Proposed Activities.