

# Project Evaluators

Madison Arts Commission  
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Project Title: \_\_\_\_\_

Grantee: \_\_\_\_\_

Project Administrator: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

1. Name: \_\_\_\_\_

Title of Area or Expertise: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Title of Area or Expertise: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Title of Area or Expertise: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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Telephone: \_\_\_\_\_