

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: _____

E-mail: _____

Telephone: _____