



Program Application

Applicant Information: Last Supper Museum America Inc.

Name of Requesting Agency: Last Supper Museum America Inc

Name of Target Group if different than Requesting Agency: N/A

Address: 1101 N. G Avenue Douglas, AZ 85607

Phone number(s): 623-877-4596

Email: eb@lastsuppermuseum.com

Person submitting this application on behalf of agency: Trisanne Terrinoni

Contact information if different than above: N/A

Program Requirements/Applicant Questionnaire:

Is this agency able to provide sufficient liability insurance for any events that utilize funding provided under the Program? XYES or NO

Does your agency and target group for this funding request provide direct services that improve the health, welfare and quality of life of Douglas residents? Please explain

Yes, Last Supper Museum America Inc. provides Free Clothes, housewares, Art & Music Supplies for kids and people on both sides of the border. "Downtown Revitalization" & fellow business owner support, "A Day In Douglas" tourism campaign. Positive messages through the statewide media. Monthly tourism campaigns for Douglas. The only attraction OPEN 6 days a week with FREE admission. Creator of Douglas Chamber of Commerce. More examples upon request.

If awarded, will you be able to provide measurable outcomes and impacts from the awarded funding? XYES or NO. Please elaborate.

Yes, and we already have for 2+ years. Please review our earned media since December 2021.

Is your agency able to demonstrate the ability to generate revenue from other sources for future sustainability for this target group or purpose of funding? XYES or NO. Please explain.

Yes, We have already procured grants including the ADEQ grant for our roof. We have an on staff grant writer ready to serve the community at no cost.

Please outline the intended use of funding, if awarded:

To raise the positive profile of Douglas through media. Provide support for the city of Douglas non-profit organizations and churches and grow our tourism, economic development and residential pride.

Please provide proof of liability insurance with your proposal submittal.

Acknowledged By:

By: _____
Its: _____