



**ALASKA STATE COUNCIL ON THE ARTS
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Organization or Artist Name: _____

Grant Number: _____

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Please check the box below and either upload to your online report or application or return this form by mail to:

Alaska State Council on the Arts
161 Klevin Street, Ste 102
Anchorage, AK 99508 – 1506

I AGREE to the above statement

By: _____
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Signature: _____ Date: _____

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