

FY2018 Application
Arts First Aid Grant Program
Application Deadline: Oct. 2, 2017

This form must be completed and printed electronically.
No handwritten applications will be accepted.
Please refer to the guidelines.

BOARD OF EDUCATION	School District Name			Central Office Phone
	Superintendent Salutation <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.		Superintendent's Name	
	Mailing Address			
	City	State	ZIP	County
	FEIN	DUNS		
APPLICANT	School Name			School Phone
	Street Address <i>(if different than mailing address)</i>			
	City	State	ZIP	County
	Principal Salutation <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.		Principal Name	
	Principal Email		School Web Address	
CONTACT PERSON	Contact Salutation <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.		Contact Name	
	Contact Title/Position		Contact Phone	
	Contact Email			

KAC Staff Use ONLY					
FY: 2018	App. Discipline: _____	App. Institution: _____			
Grant Program: AFA	NEA Outcome: C	Pop. by Group: _____			
App. Status: _____	Arts Education: 01	Pop. by Race: _____			
Activity: 29	# Children: _____	Pop. By Age: 01			
# Adults: _____	Amount Request: _____	# Artists: _____			
App. #: _____					

Beneficiaries: <i>Select all categories that, by estimate, made up 25 percent or more of the population that will directly benefit from the performance/presentation.</i>	Race/Ethnicity	Distinct Groups
	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Individuals with disabilities
	<input type="checkbox"/> Asian	<input type="checkbox"/> Individuals in institutions
	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Individuals below poverty line
	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Individuals with limited English proficiency
	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Military veterans/active duty personnel
	<input type="checkbox"/> White	<input type="checkbox"/> Youth at risk
Applicant Status <i>Private or Parochial Schools – 02</i> <i>State Institutions - 05</i> <i>County School Systems – 07</i> <i>Independent/City Schools – 08</i>	Please choose ONE : _____ 02 Organization - Nonprofit 07 Government - County 04 Government - Federal 08 Government - Municipal 05 Government - State	
Applicant Institution	Please choose ONE : _____ 19 School District 22 Middle School 21 Elementary School 48 School of the Arts 23 Secondary School	

Narrative Instructions

Please respond to each performance expectation (e.g., 1. Need, 2. Assets) below on separate sheets of paper, not to exceed three standard sheets of paper typed in at least 11-point font. Include complete information on each bulleted item, in the order listed, when writing your narrative. Remember to address all the bullets under each performance expectation. To assist panelists in reading your application, duplicate the heading and each performance expectation before your response to that item. This information is what the panelists use to assess the quality of your application. Refer to the [Panelist Assessment Sheet](#) for specific criteria.

Introduction:

1. Briefly describe your school including history, comprehensive plan, programs and accomplishments.
2. Briefly describe your school's existing arts activities and relevant personnel.
3. Briefly describe your school environment and the school's role in the community.

Performance expectations

Need:

1. Describe the geographic barriers that exist for your school within the state, county or metropolitan area.
2. Describe the instructional strategies and resources that will be used to engage underserved student populations (e.g. at-risk, free or reduced lunch, English as a second language, diverse cultures).
3. Describe the instruction strategies and resources that will be used to engage students with disabilities (e.g. mobility, visual, hearing, speech and learning disabilities).
4. Describe your school's need for assistance in aligning curriculum with the Kentucky Academic Standards for the Arts.

Assets:

1. Describe the school-wide commitment to this arts-based initiative and indicate the involvement of the school team, including principal, dedicated classroom teachers and art and/or music specialists.
2. Describe the access and utilization of community partners including community development organizations, local businesses, creative districts, and community arts centers Detail how the community partners provide the school resources and support.

General Format Requirements

Please note: Format requirements enhance the readability of your application for the panelists. Failing to follow these requirements may result in your application being ineligible.

- All applications must be prepared on a computer and/or typed. **No handwritten applications will be accepted.**
- Use standard-size (8½ by 11 inch) white paper for all pages; single-sided copies only.
- Use minimum 1-inch margins on top, bottom, right and left sides of narrative pages.
- Use minimum 11-point type. Standard fonts such as Times New Roman, Helvetica or Arial are recommended; decorative fonts will not be accepted.
- Number all pages and place the applicant's name and the words "Arts First Aid Grant" on the top right corner of each page.
- **Do not** staple applications or enclose them in folders or binders of any kind; use paper clips only.

Application Checklist

Your application is not complete and will not be forwarded to the panel for review if it does not include the following mandatory items:

- Application, complete with signatures.
- Narrative
- Copy of the school's IRS determination letter or a letter signed by school district board of education indicating the tax-exempt status. A sample letter is available from the arts council.
- List of team members, with titles indicated.

Application Signatures

I acknowledge that I am legally authorized to submit this application on behalf of the district and that the foregoing statements and enclosures are true and complete to the best of my knowledge. The District guarantees that the artist(s) will be paid for their performance or presentation no later than 30 business days after completion of the activities. **Signatures must be in red ink.**

Signature (District Superintendent) _____ Date _____

Signature (School Principal) _____ Date _____

Signature (Teacher Contact) _____ Date _____

Mail completed application to:

Kentucky Arts Council
1025 Capital Center Drive
Third Floor
Frankfort, KY 40601