

**FY2018 Application**  
**Showcasing the Arts 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.

<b>BOARD OF EDUCATION</b>	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		
<b>APPLICANT</b>	School Name			School Phone
	Mailing Address			
	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 Address		School Web Address	
<b>CONTACT PERSON</b>	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: <b>2018</b>	App. Discipline: _____	App. Institution: _____			
Grant Program: <b>STA</b>	NEA Outcome: <b>C</b>	Pop. by Group: <b>G</b>			
App. Status: _____	Arts Education: <b>01</b>	Pop. by Race: _____			
Activity: <b>05</b>	# Children: _____	Pop. By Age: <b>01</b>			
# Adults: _____	Amount Request: _____	# Artists: _____			
App. #: _____					

<b>Proposal:</b>	Performance/Presentation in: <input type="checkbox"/> Dance <input type="checkbox"/> Music <input type="checkbox"/> Theatre <input type="checkbox"/> Visual Arts <input type="checkbox"/> Media Arts <input type="checkbox"/> Literary Arts	
	Artist or Group Name:	
	<b>Solo artist:</b>	<input type="checkbox"/> \$150 for a single 45/50-minute session <input type="checkbox"/> \$250 for two 45/50-minute sessions
	<b>Duo artists:</b>	<input type="checkbox"/> \$250 for a single 45/50-minute session <input type="checkbox"/> \$450 for two 45/50-minute sessions
	<b>Trio artists:</b>	<input type="checkbox"/> \$350 for a single 45/50-minute session <input type="checkbox"/> \$650 for two 45/50-minute sessions
	Begin Date: _____	End Date: _____
Number of individuals who will be directly engaged with the arts experience: Adults: _____ Children: _____ Artists: _____		

<b>Beneficiaries:</b>  <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>	<b>Race/Ethnicity</b>	<b>Distinct Groups</b>
	<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

<b>Applicant Status</b>  <i>Private or Parochial Schools – 02          State Institutions - 05          County School Systems – 07          Independent/City Schools – 08</i>	Please choose <b>ONE</b> : _____	
	02 Organization - Nonprofit	07 Government - County
	04 Government - Federal	08 Government - Municipal
	05 Government - State	

<b>Applicant Institution</b>	Please choose <b>ONE</b> : _____	
	19 School District	
	21 Elementary School	22 Middle School
	23 Secondary School	48 School of the Arts

Please complete the expense budget form for your Showcasing the Arts grant application. The Kentucky Arts Council will send the artist fee amount to the Board of Education, upon approval. The Board of Education will be responsible for paying the artist the total amount of the expense budget (artist fee and round-trip mileage).

### Expense Budget

Artist Fee (KAC grant)			\$ _____
Travel (round-trip miles @ \$.40per mile)			
Artist Name	Miles	Rate	Amount
_____	_____	\$.40	\$ _____
_____	_____	\$.40	\$ _____
_____	_____	\$.40	\$ _____
<b>Total</b>			<b>\$ _____</b>

### Narrative Instructions

Please respond to each performance expectation (e.g., 1. Planning, 2. Student Experience) 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.

### Performance Expectations

#### 1. Planning (50%)

- Describe the methods and materials that will be used to ensure students benefit from the performance or presentation, including before, during and after the event.
- Describe how the performance or presentation ties to the Kentucky Academic Standards for the Arts and English Language Arts.

#### 2. Student Experience (50%)

- Describe the methods by which the students will objectively reflect on and respond to arts experiences.
- Describe the instructional strategies and resources that will be used to engage students with disabilities.

## Application Checklist

Your application is not complete and will not be forwarded to the panel for review if it does not include the following required 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 upon request.
- Artist Agreement, complete with signatures

## 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 10 to 15 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

## ARTIST AGREEMENT

This is an agreement between \_\_\_\_\_ (artist or group) and  
 \_\_\_\_\_ (school-applicant) for the session(s) as listed below.

- Solo artist:**       \$150 for a single 45/50-minute session  
                           \$250 for two 45/50-minute sessions
- Duo artists:**       \$250 for a single 45/50-minute session  
                           \$450 for two 45/50-minute sessions
- Trio artists:**       \$350 for a single 45/50-minute session  
                           \$650 for two 45/50-minute sessions

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

The above applicant agrees to pay the above artist or group the total amount of the expense budget, which includes the artist fee and the agreed upon round-trip mileage at a rate of \$.40 per mile.

The applicant also agrees to pay the artist or group in full within 10 to 15 business days after the completion of the activities.

### Expense Budget

Artist Fee (KAC grant) \$ \_\_\_\_\_

Travel (round-trip miles @ \$.40 per mile)

Artist Name	Miles	Rate	Amount
_____	_____	\$.40	\$ _____
_____	_____	\$.40	\$ _____
_____	_____	\$.40	\$ _____
<b>Total</b>			<b>\$ _____</b>

Describe any technical requirements provided by the school:

Describe any technical requirements provided by the artist:

\_\_\_\_\_  
 Signature (artist or group)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature (school representative)

\_\_\_\_\_  
 Date

**Mail to:** Kentucky Arts Council, 1025 Capital Center Drive, Third Floor, Frankfort, KY 40601