

FY2019 Application
Showcasing the Arts Grant Program

Application Deadline: April 16, 2018

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 |
| | 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 | |
| | U.S. Congressional District _____ Ky. Senate District _____ Ky. House District _____ For district information call your County Clerk's office | | | |
| 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: | 2019 | App. Discipline: | | App. Institution: | |
| Grant Program: | STA | NEA Outcome: | C | Pop. by Group: | G |
| App. Status: | | Arts Education: | 01 | Pop. by Race: | |
| Activity: | 05 | # Children: | | Pop. By Age: | 01 |
| # Adults: | | Amount Request: | | # Artists: | |
| App. #: | | | | | |

| | | |
|--|--|--|
| Proposal: | 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: _____ | |
| | Solo artist: | <input type="checkbox"/> \$150 for a single 45/50-minute session <input type="checkbox"/> \$250 for two 45/50-minute sessions |
| | Duo artists: | <input type="checkbox"/> \$250 for a single 45/50-minute session <input type="checkbox"/> \$450 for two 45/50-minute sessions |
| | Trio artists: | <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: _____ | | |

| | | |
|---|---|---|
| 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 State Institutions - 05 County School Systems – 07 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 | |
| | 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 @ \$.42 per mile) | | | |
| Artist Name | Miles | Rate | Amount |
| _____ | _____ | \$.42 | \$ _____ |
| _____ | _____ | \$.42 | \$ _____ |
| _____ | _____ | \$.42 | \$ _____ |
| Total | | | \$ _____ |

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 printed on 8.5-inch x 11-inch white paper and 11- or 12-point font (Arial, Times New Roman, Calibri or Courier New only). 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/or 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 \$.42 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 @ \$.42 per mile) | | | | |
| Artist Name | Miles | Rate | Amount | |
| _____ | _____ | \$.42 | \$ | _____ |
| _____ | _____ | \$.42 | \$ | _____ |
| _____ | _____ | \$.42 | \$ | _____ |
| Total | | | \$ | _____ |

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