

FY2017 Application
Specialists with Arts Tactics (SWAT) Consultancy

Application Windows: April 15 – June 30, 2016
Oct. 15 – Dec. 15, 2016

THIS FORM MUST BE TYPED. No handwritten applications will be accepted.

BOARD OF EDUCATION	School District Name		
	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
	Central Office Phone		FAX
APPLICANT <i>Leave blank if applying as a district</i>	School Name		
	Mailing Address		
	Street Address <i>(if different than mailing address)</i>		
	School Phone		FAX
	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
CONTACT PERSON	Contact Person Salutation <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.		
	Contact Person Name		Contact Title/Position
	Contact Person Email		
KAC Staff Use ONLY			
FY:	2017	App. Discipline:	Pop. by Group:
Grant Program:	SWAT	NEA Outcome:	C
App. Status:		Arts Education:	Pop. By Age:
Activity:	34		Amount:
App. Institution:		App. #:	(Grants Manager assigns)

Has your school or district previously applied for a SWAT consultancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many consulting hours are you requesting?	<input type="checkbox"/> Three <input type="checkbox"/> Six
Beneficiaries: <i>Select all categories that, by estimate, made up 25 percent or more of the population that will directly benefit from this consultancy.</i>	Race/Ethnicity <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White		Distinct Groups <input type="checkbox"/> Individuals with disabilities <input type="checkbox"/> Individuals in institutions <input type="checkbox"/> Individuals below poverty line <input type="checkbox"/> Individuals with limited English proficiency <input type="checkbox"/> Military veterans/active duty personnel <input type="checkbox"/> Youth at risk
	Age Groupings <input type="checkbox"/> Children/youth (0-18 years) <input type="checkbox"/> Young adults (19-24 years) <input type="checkbox"/> Adults (25-64 years) <input type="checkbox"/> Older adults (65+ years) <input type="checkbox"/> No single age group		
Applicant Status <i>Private or Parochial Schools – 02</i> <i>County School Systems – 07</i> <i>Independent/City Schools – 08</i> <i>State Institutions - 05</i>	Please choose ONE : _____ 02 Organization - Nonprofit 07 Government - County 04 Government - Federal 08 Government - Municipal 05 Government - State		
Applicant Institution	Please choose ONE : _____ 21 Elementary School 22 Middle School 23 Secondary School 48 School of the Arts		

Request for Consultancy

Please provide a brief description of the school or district.

Please identify the topic area that best describes the type of assistance you are requesting.

- | | |
|--|--|
| <input type="checkbox"/> Curriculum Alignment with the Arts and Humanities Program Review and the new Kentucky Academic Standards for the Arts | <input type="checkbox"/> Developing Formative and Summative Performance Assessments. |
| <input type="checkbox"/> Assistance with the Development of Arts Plan in the school or district's CSIP/CDIP. | <input type="checkbox"/> Integrating the Arts Across the Curriculum. |

Please provide a brief description of why you are seeking a consultancy through the SWAT program.

Please complete the following statement:

At the conclusion of the SWAT consultancy, we hope to be able to...

Please tell us the following contact information of at least three individuals you expect to participate in the consultancy:

Name: _____ **Title:** _____

Phone: _____ **Email:** _____

Name: _____ **Title:** _____

Phone: _____ **Email:** _____

Name: _____ **Title:** _____

Phone: _____ **Email:** _____

I understand that the applicant is responsible for making payment to the SWAT consultant for any incidental costs associated with the consultancy, such as mileage, food, overnight accommodations (if necessary), photocopies, etc. Agreement regarding payment for incidental costs should be confirmed prior to the start of the consultancy.

I understand that the consultancy must be completed by Dec. 31 for fall and June 30 for spring. If not completed, monies available for this consultancy will expire, after which the planned consultancy may only begin or resume upon the submission of an updated request in writing.

Application Signatures

I certify 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.

District Superintendent _____ Date _____
Signatures must be in red ink.
Type Name _____ Title _____

School Principal _____ Date _____
Signatures must be in red ink.
Type Name _____ Title _____

Contact Person _____ Date _____
Signatures must be in red ink.
Type Name _____ Title _____

Mail completed application to:

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