

**FY2018 Application**  
**Specialists with Arts Tactics (SWAT) Consultancy**

**Application Windows: April 15 – June 30, 2017**  
**Oct. 15 – Dec. 15, 2017**

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

<b>BOARD OF EDUCATION</b>	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
<b>APPLICANT</b> <i>Leave blank if applying as a district</i>  U.S. Congressional District _____  Ky. Senate District _____  Ky. House District _____  For district information call your County Clerk's office	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		School Website
	<b>CONTACT PERSON</b> 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			
<b>KAC Staff Use ONLY</b>			
FY:	<b>2018</b>	App. Discipline:	Pop. by Group: _____
Grant Program:	<b>SWAT</b>	NEA Outcome:	<b>C</b>
App. Status:	_____	Arts Education:	Pop. by Race: _____
Activity:	<b>34</b>	_____	Pop. By Age: _____
App. Institution:	_____	App. #:	Amount: _____
		(Grants Manager assigns)	

Applicant Name: \_\_\_\_\_

SWAT Consultancy Application

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

## 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 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 throughout 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, 2017 (fall) and June 30, 2018 (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