



FY2018 Application Teaching Art Together Program

Application Deadline: May 3, 2017

This form must be typed or 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			School Web Address		
	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: 2018		App. Discipline: _____		App. Institution: _____		
Grant Program: TAT		NEA Outcome: C		Pop. by Group: _____		
App. Status: _____		Arts Education: 01		Pop. by Race: _____		
Activity: 20		Project Discipline: _____		Pop. By Age: 01		
# Adults: _____		# Youth: _____		# Artists: _____		
App. #: _____		(Grants Manager assigns)		Amount Request: _____		

Beneficiaries: <i>Select all categories that, by estimate, make up 25 percent or more of the population that will directly benefit from the performance/presentation.</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
Applicant Status	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	

Residency Artist #1	Residency Discipline in: <input type="checkbox"/> Literary <input type="checkbox"/> Dance <input type="checkbox"/> Music <input type="checkbox"/> Theatre <input type="checkbox"/> Visual Arts <input type="checkbox"/> Media Arts		
	Project Title:		
	Artist:		
	Mailing Address		
	City	State	ZIP County
	Phone :		Email:
	Begin Date		End Date
	Residency Length	Amount Requested	Amount Matched
	Number of individuals who will be directly engaged with the arts experience		
	Adults _____	Youth _____	Artists _____

Residency Artist #2	Residency Discipline in: <input type="checkbox"/> Literary <input type="checkbox"/> Dance <input type="checkbox"/> Music <input type="checkbox"/> Theatre <input type="checkbox"/> Visual Arts <input type="checkbox"/> Media Arts			
	Project Title:			
	Artist:			
	Mailing Address			
	City	State	ZIP	County
	Phone	Email		
	Begin Date		End Date	
	Residency Length		Amount Requested	Amount Matched
	Number of individuals who will be directly engaged with the arts experience Adults _____ Youth _____ Artists _____			

Residency Artist #3	Residency Discipline in: <input type="checkbox"/> Literary <input type="checkbox"/> Dance <input type="checkbox"/> Music <input type="checkbox"/> Theatre <input type="checkbox"/> Visual Arts <input type="checkbox"/> Media Arts			
	Project Title:			
	Artist:			
	Mailing Address			
	City	State	ZIP	County
	Phone :	Email:		
	Begin Date		End Date	
	Residency Length		Amount Requested	Amount Matched
	Number of individuals who will be directly engaged with the arts experience Adults _____ Youth _____ Artists _____			

Applicant Name: _____
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Residency Artist #4	Residency Discipline in: <input type="checkbox"/> Literary <input type="checkbox"/> Dance <input type="checkbox"/> Music <input type="checkbox"/> Theatre <input type="checkbox"/> Visual Arts <input type="checkbox"/> Media Arts		
	Project Title:		
	Artist:		
	Mailing Address		
	City	State	ZIP County
	Phone:	Email:	
	Begin Date	End Date	
	Residency Length	Amount Requested	Amount Matched
	Number of individuals who will be directly engaged with the arts experience		
	Adults _____	Youth _____	Artists _____

Artist Signatures

A signature is required for each artist listed in this application. You may submit one signature page per artist if necessary.

Artist Signature _____ Date _____

Artist Signature _____ Date _____

Artist Signature _____ Date _____

Artist Signature _____ Date _____

Narrative

Please respond to the “Description of Your School”, and “Description of the Project”. The narrative should be no longer than five pages printed on additional standard sheets typed in at least 10-point font. You may wish to refer to the [Panelist Assessment Sheet](#) to better understand how your narrative will be evaluated.

Next, address each of the performance expectations, including complete information on each item, in the order listed. Remember to address all the bullets under each performance expectation. To assist panelists in reading your application, duplicate the heading of each section and each performance expectation before your response to that item.

Introduction

Description of your school

- Briefly describe your school, including history, comprehensive plan, programs and accomplishments.
- Briefly describe your school's role in your community.

Description of the project

- Briefly describe the residency plan for which you are requesting support.
- Describe how this residency will enhance the arts curriculum in your school.
- Indicate the length of a class period in your school. If you have had a residency before, describe how the residency proposed in this application builds upon the previous residency. If your residency includes professional development, give a brief summary of the professional development activities.
- Clearly state the number of core groups, non-core groups, and professional development days that will be included in the residency. See scheduling instructions (below). You must include a completed scheduling chart for each week of the residency as an attachment to the application.

Performance Expectations

Planning and Implementation (45%)

- Describe your strategies for encouraging students’ engagement in the creative process.
- Describe your strategies for engaging teachers in preparing for the residency.
- Describe your strategies for engaging teachers during the residency.
- Describe your residency ties to the Kentucky Academic Standards for the Arts and/or English Language Arts.
- Describe your strategies for making parents and community members aware of the residency.

Gathering and Responding to Evidence (35%)

- Describe how you will measure the impact of the residency on all participants.
- Describe how you will incorporate reflection and arts connections strategies gained during the residency for future lessons of study.

Accessibility (20%)

- Describe the instructional strategies and resources used to engage diverse student populations.
- Describe the instructional strategies and resources used to engage students with disabilities.

Scheduling Instructions

For every five days of a residency, there must be 20 hours of contact time with the artist. Artists should be scheduled for four to six class sessions daily. The schedule may include core and non-core groups as well as professional development for teachers (not to exceed three hours in length). Each type of group is defined on page 2 of the guidelines. Please fill out one scheduling chart for each week of the residency. The scheduling chart is pre-populated with formulas to assist you in tracking contact hours with the artist. Four lines each for core and non-core groups have been provided for your convenience, as well as three lines for PD sessions; however, you may choose any combination of groups as long as the guidelines on page two are followed. Click to access the [scheduling chart](#).

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 information. Supporting materials will not be returned.

- One copy each of one to four letters of support from teachers, Board of Education members, parents, students, et al., to help demonstrate the need and support for your residency and to support the rationale for your plan.
- One schedule chart for each week of the residency. For residencies with multiple artists, there must be a chart for each artist per week.
- One 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.

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 40601-8205