

FY2019 Application
TranspARTation Grant Program
Application Deadline
Aug. 15, 2018

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

| | | | | | | |
|--|---|--|---------------|-----------------------|----------------|--|
| 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 KY | ZIP | County | |
| | FEIN | | | DUNS | | |
| APPLICANT | School Name | | | | School Phone | |
| | Mailing Address | | | | | |
| | Street Address <i>(if different than mailing address)</i> | | | | | |
| | City | | State KY | 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: | TRS | 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. #: | | | | | |

| | | |
|---|---|---|
| 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</i> <i>State Institutions - 05</i> <i>County School Systems – 07</i> <i>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 | 23 Secondary School |
| | 21 Elementary School | 48 School of the Arts |
| | 22 Middle School | |

Request for Funding
Please include only one field trip per application

Number of students participating in the field trip from your school: _____

Grade level(s) participating: _____ Number of teachers participating: _____

Number of buses needed: _____

What organization are you planning to visit? _____

What is the address of the venue? _____

What is the name of the activity you will attend? _____

What is the date of the proposed field trip? _____

Grant Amount Calculation—KAC Staff Use Only

Please refer to the guidelines for the calculation formula. Schools will receive \$2.00 per mile for a roundtrip from their school to the arts organization.

_____ Miles from school to organization

Roundtrip mileage _____

Grant amount requested: _____

TranspARTation Grant Narrative

Please respond to each narrative section below. You may attach up to three pages.

Remember to include all of the information in each performance expectations, since this is what the panelists will be using to assess the quality of your application. Refer to the [Panelist Assessment Sheet](#) for performance expectations.

Introduction

1. Briefly describe your school, including the number of students, any special populations and notable accomplishments.
2. Briefly describe the trip. What are the planned activities? How long will your students be at the venue?

Performance Expectations

Planning and Implementation (45%)

1. Describe how students will be prepared for the field trip arts experience, including prior knowledge and any planned activities prior to the trip.
2. Describe how you expect students to benefit from this field trip, including any specific goals you may have and the ties with the Kentucky Academic Standards for the Arts and English Language Arts that will be addressed through the trip.

Assessment and Feedback (35%)

1. Describe the process and tools you will use to gather data and measure the impact of the arts experience on all participants (i.e., students, teachers, parents).
2. Describe how participating educators will use knowledge gained after the arts experience. Describe how the arts will be incorporated into regular classroom instruction.

Accessibility (20%)

1. Describe instructional strategies and resources that are used to address the student populations in the school (e.g. different cultures, students on free/assisted lunch, etc.).
2. Describe instructional strategies and resources for serving persons with disabilities (e.g., mobility, visual, hearing, speech and learning disabilities) on the field trip.

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 Teacher _____ Date _____
Signatures must be in red ink.

Type Name _____ Title _____

Please do not staple the application.

Mail completed application to:

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