ARTISTS-in-EDUCATION (AiE) PROGRAM - Grant Application FY 2017/2018

ORGANIZATIONAL IDENTIFICATION					
Full Name of School/Art Institution:					
Mailing Address of Organization:					
CONTACT INFORMATION					
Name & Title of Requesting Official:		Alternate Contact:			
	Business Phone:		Business Phone:		
Home Phone:					
Email:		Email:			
ORGANIZATIONAL INFORMATION			Y N		
Is your organization a branch of county of					
Is your organization a school or parent-te					
Is the school incorporated as a non-profit					
Is the school accredited in the state of Ma					
Has the FINAL REPORT for the preceding			T O VE A D O		
PROVIDE A LIST OF APPLICATION YEAR					
Project Name	Fiscal Year	Amount of	Amount of		
		Request	Grant		
INFORMATION ON THE PROGRAM(S)		•	<u>-</u>		
for which this grant funding cycle you are	seeking funds. Please prov	ide an attachmer	nt if needed.)		
Program(s) and Artist(s) Name (list all inc	luded in this request):				
TOTAL Number of Programs for this request					
Total Cost of Program			\$		
Grant Request Amount			\$		
When will program(s) occur?	Dates: through		· 		
,	Times:				
Where will it/they be held?					
Please complete a copy of page 3 for <u>each</u> program included in your					
grant request					

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## AiE - PROJECT BUDGET ESTIMATE for FY 2017/2018

\*Your request *cannot be more than one-half* of the total anticipated income. Each dollar that you request must be matched by at least one dollar from other sources. In-kind services are not allowed as part of your budget.

<sup>\*\*</sup>The projected Total Income must equal the Total Expenditures in your budget request.

	CASH INCOME		CASH
			EXPENDITURES
Amount of this Request	\$	Artist: performer	\$
Admission fees	\$	Instructor	\$
Memberships	\$	Technical	\$
Tuition, Workshop fees	\$	Space / Rental	\$
Corporate Contributions	\$	Utilities	\$
Cash on-hand	\$	Equipment Rental	\$
Fund-raising Income	\$	Supplies & Materials	\$
Gov't & other grants:	\$	Promotion/Publicity	\$
Specify		Insurance (direct cost)	\$
	\$	Other:	
	\$		\$
Other Revenue:			\$
	\$		\$
	\$		\$
TOTAL INCOME**	\$	TOTAL EXPENSE**	\$

For your final report you can include the entire PTA budget, or simply that of related grants programs.

# **DEADLINE MAY 1**

# ARTISTS-in-EDUCATION PROGRAM- Project Description Form

INFORMATION ON THE PROGRAM FOR WHICH FUNDING IS REQUESTED		
Please complete a copy of this sheet for each performance for which you are requesting	ng fur	nds
Name of School:		
Program and Artist Name:		
Total Cost of THIS Program: \$		
Grant Request Amount: \$		
When will program occur?  Date:		
Times:		
Where will it be held?		
Is this an approved program? (from the Young Audiences, or MSAC Roster)	Υ	N
Please provide a copy of this sheet for each program that you are requesting to be fun	<u>ded.</u>	
QUANTITATIVE INFORMATION		
Total Enrollment – the total number of students in your school (numeric value)		
How many <b>students</b> will participate in this program? Provide this number even if it is the same as the total enrollment.		
How many <i>artists</i> will participate in this program?		
A program summary is an important component in assessing funding. Please de	scrib	o in
detail the activities/performance and goals you have for this program.	30110	GIII

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#### Please be advised:

Title IV of the Civil Rights Act of 1964 provides that "No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." (Section 601).

In addition, the Americans with Disabilities Act of 1990 states that all public programs shall be accessible to all citizens.

I certify that the information and financial figures contained in this application and attachments are true, accurate, and in compliance with the above mentioned Acts.

Authorized Signature:	
Print Name:	
Title:	Date:

Any written notices, flyers, news media publicity and similar materials shall include acknowledgement of Arts Council underwriting in the following manner:

"This event has been funded in part by the Queen Anne's County Arts Council and the Maryland State Arts Council."

## PLEASE INCLUDE

- 1) 4 copies and the original application
- 2) 4 copies of each program you are applying for (page 3)