

East Central Arts Council

100 Park Street South
Mora, Minnesota 55051
(320) 679-4065 x 30 or e-mail: ecac@ecrdc.org

Art In Our Schools Grant Cover Page

Fiscal Year 2009 Application
July 1, 2008 – June 30, 2009
Projects do NOT have to be completed by 6/30/09.

- *SUBMISSION OF THIS FORM CANNOT BE BY FAX or e-mail*

1. APPLICANT

School Dist.# _____

Name of School _____ Legislative District _____

Street _____ County _____

City _____ State _____ Zip _____

Project Director _____ Title _____

Street _____ Phone (daytime) _____

City _____ State _____ Zip _____

E-mail Address _____ Webpage Address _____

2. PROJECT INFORMATION

Names of Artist(s) _____

(or) Field Trip Location _____

(or) Arts Related Special Project _____

Street _____ Phone (daytime) _____

City _____ State _____ Zip _____

Project start/end dates _____

Type of art featured _____

		<u>In your school</u>	<u>In your district</u>
Participants involved:	Number of students	_____	_____
	Number of art teachers	_____	_____
	Others participating	_____	_____

Total Project Expenses \$ _____

Grant Amount Requested (maximum \$1,000) \$ _____

3. BUDGET (Round all numbers to nearest \$10)

PROJECT EXPENSE (Clearly identify each item)

Amount

a. Artist(s) fees / travel and expenses or special art project expenses	\$ _____
_____	_____
_____	_____
b. Transportation / Field trip _____	\$ _____
c. Ticket / Admission Fee Expenses _____	\$ _____
d. Salaries or Wages (____ hours @ \$_____ per hour)	
_____	\$ _____
_____	_____
e. Supplies / Materials _____	\$ _____
_____	_____
f. Miscellaneous _____	\$ _____
_____	_____
Total Expenses	\$ _____

PROJECT INCOME (Match) (Round all numbers to nearest \$10)

a. Organizational funds budgeted for the project	\$ _____
b. Other grants (indicate source and whether anticipated or received)	
_____	\$ _____
c. Community fundraising (i.e., VFW, Legion, business, etc.)	
_____	\$ _____
d. Earned Income (ticket sales, fundraisers, concessions, etc.)	
_____	\$ _____
Total Cash Income	\$ _____
Grant Amount Requested	\$ _____
Total Support for the Project	\$ _____
(Amount should be equal to Total Expenses)	

❖ The project income (match) is not required for this funding; however, it is encouraged. Any inkind contribution should be explained in detail with a separate piece of paper.

4. PROJECT DESCRIPTION

Please type your answers to the following questions (lettered a.-d.) on a separate piece of paper and attach it to your application.

- a. What art discipline, artist, arts field trip, or arts related special project have you selected and why? (include project director and artist résumé/s and/or other support materials.) **Keep in mind that artistic excellence is the goal for this funding program.**
- b. Briefly describe the planning process and goals you have for this art project. How is the project different from past projects? **Keep in mind that ECAC cannot fund repeat Art In Our Schools grant projects.**
- c. Briefly describe the project. Examples: what core group or classes of students will work daily with the artist; how will this project be integrated into the current arts curriculum; how will you present the teacher in-service training; and set up the schedule? [Note: The dates, times, rooms, locations of residencies and field trips should also be reflected on the enclosed Residency or Field Trip Schedule.]
- d. Describe how you will make a presentation of this project to your community during or after its completion. **This community component is a requirement.**

Art in Our Schools Application ECAC FY 2009 rtf

5. CERTIFICATION

We certify that the information contained in this application is true and correct to the best of our knowledge.

Authorized School Official
(Please Type)

SIGNATURE

DATE

Project Director (Please Type)

SIGNATURE

DATE

Please ensure that all of the following documents are enclosed:

- Art In Our Schools Cover Page and Budget Page
- Certification Page - Signed
- Narrative Questions 4 (a. – d.)
- Project Director and Artist Résumé/s, & Supporting Materials, etc.
- Residency OR Field Trip Schedule
- RAC Grant Data Collection Form

Art In Our Schools Program

School _____ Contact Person _____
 Address _____ Daytime Phone # _____

RESIDENCY SCHEDULE

Include the following schedule information in the Project Description section of your grant application form:

- Teacher's name
- Grade level
- Class meeting time
- Room number
- Number of students
- Any special concerns or class topics

Please give a brief outline of your schedule information on this page.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
FIRST CLASS A.M.					
SECOND CLASS A.M.					
THIRD CLASS P.M.					
FOURTH CLASS P.M.					

Please note in-service workshop time and describe:

Art In Our Schools Program

School _____ Contact Person _____
 Address _____ Daytime Phone # _____

FIELD TRIP SCHEDULE

Location of Activity (be specific)

Artist and/or Contact Person

Name _____

Phone _____

Community Event

Date _____ Time _____

Location _____

Describe: _____

In-Service Workshop

Date _____ Time _____

Location _____

Describe: _____

DATE: _____ DATE: _____

6:00 a.m.		
7:00 a.m.		
8:00 a.m.		
9:00 a.m.		
10:00 a.m.		
11:00 a.m.		
NOON		
1:00 p.m.		
2:00 p.m.		
3:00 p.m.		
4:00 p.m.		
5:00 p.m.		
6:00 p.m.		
7:00 p.m.		
8:00 p.m.		
9:00 p.m.		
10:00 p.m.		
11:00 p.m.		

