

CHENANGO COUNTY COUNCIL OF THE ARTS

27 West Main Street, Norwich, NY 13815

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2012 Chenango & Otsego Local Capacity Building (LCB) Program Application Application Deadline: February 21, 2012, 5pm

Applicant Information:

School Applying

Applicant mailing address

City

State

Zip

Lead teacher's name

E-mail address

Phone/Best time to call

Collaborating Teacher(s):

Name

Title

Name

Title

Name

Title

Project Information:

Project Name: _____

Dates of Project: _____

Location of project: _____

Indicate the number of core group students, their grade level and number of teachers served:

Directly: # of students in Core Group _____ Grade level _____ # of Teachers _____

Indirectly: Grade level _____ # of Teachers _____

Number of artists participating _____

Artist(s) involved in the project: *(Use additional pages if necessary.)*

Name Phone

Address City State Zip

Medium(s): _____

Please list any in-school teaching experience of participating artist *(Artist resume must be submitted.)*:

Cultural Organization involved in the project: *(If applicable.)*

Organization's Name

Contact Person's Name/Title E-mail Phone/Best Time to Call

Address City State Zip

Mission of Organization:

How will participation in the LCB Program assist the organization's mission?

Is the organization also an applicant to the 2012 Decentralization Program? ___ Yes ___ No
(Please note, if the organization is also an applicant to the DEC Program, funds cannot be used for the same project.)

ORGANIZATION NOT-FOR-PROFIT STATUS

(Please check one and submit proper documentation with complete application.)

___ US Internal Revenue Service 501 © (3) ___ NYS Board of Regents Charter, Section 216 of
the Education Law

___ Bureau of Charities filing receipt ___ Unit of Local Government

___ Certificate of Incorporation under Section 402 of the Not-For-Profit Law

NARRATIVE *(You may attach up to 5 pages of narrative in 12 point font.)*

PROJECT ABSTRACT

Briefly summarize your project in fifty (50) words or less.

DETAILED STATEMENT

Describe what role the students, teachers and artists play in the project, answering the below in your description:

- What is the topic or theme for the project? (e.g., The “Big Idea”—the broad theme that cuts across content areas).
- What are the art form(s) and non-arts subjects that will be investigated?
- What NYS Learning Standards for the Arts will be addressed in both the arts and non arts subjects? (Visit: <http://www.emsc.nysed.gov/nysatl/standards.html>)
- What is the need, opportunity or challenge you are trying to address?
- What is the time frame for the project, including the number of sessions with the teaching artist?

GOALS, OUTCOMES & ASSESSMENTS

Please answer each question below:

- What do you want the students to know, understand or be able to do as a result of this project?
- Describe how you will assess the extent to which students have met the learning goals. What will you use as tools for assessment? *(Examples: testing, journaling, project presentation, rubric, etc... Please note that these should be qualitative assessments.)*

TIMELINE

Provide a brief timeline of the project activities.

For each event on the timeline, list the date, who was in attendance (planning team members, teachers, core student group, teaching artist, administrators, etc...), and what was covered.

Include:

- Preparatory and in-progress planning meetings.
- Artist contact sessions with students.
- Sessions where teachers will work with students on relevant content before or between teaching artist sessions.
- In-class reflection sessions.
- Evaluation sessions either in-class with students or post-residency evaluation sessions with planning team.
- Professional development sessions if any were attended by planning team members.

COMMUNITY AWARENESS AND INVOLVEMENT

Describe how parents, the entire school, and community members and local government officials will be aware of, involved in and benefit from the project.

PLANNING AND IMPLEMENTATION TEAM

A. Attach a list of the Planning & Implementation Team Members (teachers, artists, organization). Be sure to include both the school and the cultural side of the partnership.

Include the following information for each: Name, Address, Role in Project, Position or Affiliation, E-mail, Telephone. This list can be included as an attachment to the application.

B. Provide resume(s) for artists as an attachment. If a cultural organization is a partner, include its mission and not-for-profit 501c3 documentation.

PREVIOUS FUNDING

If you previously received funding for this project, describe what you learned from your evaluation process and what improvements you are planning to implement.

PROJECT BUDGET

Grant request: \$ _____

EXPENSES (Itemize the cost of the partnership project using whole dollars.)

Artist(s)/Cultural Organization expenses:

- 1.) Artist(s) fees \$ _____ (*Artist(s) should be paid commensurate with the professional level of compensation in the area.*)
- 2.) Artist(s) travel/lodging \$ _____
- 3.) Administrative Personnel \$ _____
- 4.) Materials \$ _____
- 5.) Other \$ _____ for _____
- 6.) **TOTAL EXPENSE #1- #5:** \$ _____

School district expenses:

- 7.) \$ _____
- 8.) \$ _____
- 9.) \$ _____
- 10.) \$ _____
- 11.) Other \$ _____
- 12.) **TOTAL EXPENSE #7- #11:** \$ _____

13.) **TOTAL PROJECT EXPENSES (line 6 + 12):** \$ _____

INCOME

School Resources (Application request cannot be 100% of the total project cost.):

Cash from:

- 14.) School budget \$ _____
- 15.) Foundations \$ _____
- 16.) Businesses: \$ _____
- 17.) Parent/Teacher Org. \$ _____
- 18.) Titled Funds \$ _____
- 19.) Earned income/fundraisers \$ _____
- 20.) Other \$ _____
- 21.) **TOTAL SCHOOL CASH #14- #20:** \$ _____

In-kind Resources (Does not equate into budget formula for project.)

- 22.) _____ valued at \$ _____
- 23.) _____ valued at \$ _____
- 24.) _____ valued at \$ _____
- 25.) **TOTAL IN-KIND #22- #25:** \$ _____

BUDGET FORMULA: Note- Total expenses minus the total income must equal the grant request.

26.) **TOTAL PROJECT EXPENSES (line 13):** \$ _____

27.) **TOTAL PROJECT CASH INCOME (line 21) :** -\$ _____

28.) **GRANT REQUEST** \$ _____

Partial funding is a consideration. Please list below the expenses critical to the success of the project, and/or indicate if you will accept only full funding of your request:

CERTIFICATION PAGE

Project Approval:

The undersigned certifies that s/he is (1) an employee of the applicant school district/cultural organization with the authority to oblige it; (2) has knowledge of the information presented herein; (3) has read the guidelines of the program and agrees that this application complies with and is subject to the said guidelines; (4) on behalf of the applicant releases all funders and the Chenango County Council of the Arts, their employees and agents with respects to damages to property or materials submitted in connection herewith; (5) certifies to the best of their knowledge that funds from this program may not substitute for or impact current in-school funding for the arts, and that any participating artist will be paid in a timely fashion; and that (6) no other funds from the New York State Council on the Arts, the New York Foundation for the Arts, Partners In Arts Education/School Arts Partnership or NYSCA Empire State Partnership will be used or sought to support this project.

Collaborating Lead Teacher: _____
Printed name Signature Date

Building Administrator: _____
Printed name Signature Date

Superintendent: _____
Printed name Signature Date

Artist(s):

_____	_____	_____
Printed name	Signature	Date
_____	_____	_____
Printed name	Signature	Date
_____	_____	_____
Printed name	Signature	Date

Cultural Organization Representative:

_____	_____	_____
Printed name	Signature	Date

Please indicate who the grant check should be made out to: _____

Please contact the Chenango County Council of the Arts at (607)336-2787 for assistance with this application.

(Insert)

