

Application Form: Arts in the Classroom

Note: The following application is for funding for the 2012-2013 school year.

1. School: _____ 2. County: _____
 3. Mailing Address: _____ City: _____, MS Zip: _____
 4. Telephone: _____ Fax: _____
 5. School District: _____ School website: _____
 6. US Congressional District # ____ 7. MS Senate District # ____ 8. MS House District # ____

Find your U.S. Congressional and Mississippi district numbers at: www.votesmart.org

9. Year your school was founded: _____ 10. Federal employee ID# _____ - _____
 11. Project Director: _____ Title: _____
 12. Project Director – Telephone: _____ E-mail: _____
 13. School Principal: _____ Title: _____
 14. Principal - Telephone: _____ E-mail: _____
 15. Authorizing Official (*Superintendent*): _____
 16. Authorizing Official - Telephone: _____ E-mail: _____
 17. Amount of your grant request: _____ (*maximum request is \$5,000*)

Applicant School - Background Information

18. Grades served: __ to __ 19. Number of students: _____
 20. Percentage of the students who receive free or reduced lunch: ____%
 21. Organizational structure (choose one): _____
 22. List all other grants received and programs currently being implemented by the school:

Provide the names and contact information for staff and members of your Leadership Team in the following three questions. If you have additional contacts that won't fit within the provided spaces, please list them on the supplementary page found at the end of the application form.

23. List your school's Nationally Board-Certified personnel:

| | <u>Name</u> | <u>Job Title</u> | <u>E-mail Address</u> |
|----|-------------|------------------|-----------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

Check here if there are additional names for this group listed on the supplemental page:

24. List the names, job titles, artistic discipline and email for the arts specialists on staff, both part and full time:

| | <u>Name</u> | <u>Job Title</u> | <u>Arts Discipline</u> | <u>E-mail Address</u> |
|----|-------------|------------------|------------------------|-----------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

Check here if there are additional names for this group listed on the supplemental page:

25. List the names and titles of the members of your Leadership Team:

| | <u>Name</u> | <u>Title</u> |
|----|-------------|--------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |

Check here if there are additional names for this group listed on the supplemental page:

Please estimate the number of people who will take part in all activities supported by this grant. This should include students, volunteers, artists, or consultants.

26. Estimate of the *total number of people* who will take part in all activities supported by this grant: _____

27. Estimate of the number of people *under 18* who will take part in all activities supported by this grant: _____

28. How many people will be paid for work connected with the activities supported by this grant? _____
(For example: artist or consultant fees)

29. Of the total number of people paid, how many are artists? _____

30. Please estimate, in percentages, the racial composition of the following groups:

| | Actual Number | % White | % Native American | % African American | % Asian | % Hispanic | Total |
|--|----------------------|----------------|--------------------------|---------------------------|----------------|-------------------|----------------|
| School Staff | | % | % | % | % | % | = 100 % |
| Artists Taking Part In All Activities | | % | % | % | % | % | = 100 % |
| Total Taking Part In All Activities | | % | % | % | % | % | = 100 % |
| Population of Your Community** | | % | % | % | % | % | = 100 % |

**Community is defined as the geographic area that your school district serves. Check the U.S. Census Bureau's website (www.census.gov) to find the most recent estimate of your community's population.

Arts in the Classroom: Attendance Itemization

Attendance Itemization: Please provide attendance numbers for your project. Fill out **only** the sections of the table that apply to your project. If it doesn't apply, leave it blank. For ongoing projects, include your figures from last year as well as projected attendance for the coming year. For a one-time project, leave the "last year" column blank.

| <i>Type of project(s) to be funded by this grant</i> | <i>Number of events last year</i> | <i>Number of attendees last year</i> | <i>No. events planned for this year</i> | <i>Est. number of attendees this year</i> |
|--|---|--|---|---|
| Performance | | | | |
| Exhibition | | | | |
| Artist Workshop | | | | |
| Arts-related field trips | | | | |
| Professional Development | | | | |
| Other | | | | |
| Other | | | | |
| Other | | | | |

Application Form: Arts in the Classroom Budget

| Cash Expenses (relating to your AIC project only) | Cash match provided by the school | MAC Grant (up to \$5,000) | Total |
|--|--|---|--------------|
| 1. Professional Development | | | |
| 2. In-Service Training: | | | |
| 3. Model School Visit | | | |
| 4. Supplies | | | |
| 5. Other: | | | |
| 6. Total Cash Expenses: | | | |

| Cash Income | Cash | In-Kind* |
|--|-------------|-----------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. Subtotal: | | |
| 6. MAC Grant request: | | |
| 7. Total Cash Income: (must equal or exceed total cash expenses) | | |

* In-Kind is the cash value of goods and services contributed by sources other than the school or district (for example, work done by volunteers or donated materials or printing). Grantees must be able to produce records of in-kind contributions. In-kind contributions do not count towards your cash match.

Arts in the Classroom: Budget Itemization

Cash Expenses:

Professional Development

Amount

_____ AIC team members attending the 2012 Whole Schools Institute*

_____ Team members attending the 2012 Whole Schools Fall Retreat*

_____ Team members attending the 2013 Whole Schools Spring Retreat*

** please check the Whole Schools website for 2012-13 pricing*

Travel Costs teams going to trainings (mileage, etc.)

Other expenses (please detail):

In-School Professional Development & Arts Experiences

“Arts Integration Basics” Training (consultant fee)

Teaching Artist – modeling arts integrated lesson(s) (List artist(s) and their fee)

1.

2.

Artists to present visual and performing arts experiences for students and teachers

1.

2.

Model School Visit *(detail travel costs)*

1.

2.

Supplies *(list art supplies, books, or other resources needed for your project)*

1.

2.

3.

4.

Total Cash Expenses:

Cash Income:

List each source of project income, including local, federal fund, or private donations

1.

2.

3.

4.

5.

MAC grant request

Total Income:

Arts in the Classroom: Narrative

Address the criteria below in a narrative of up to three pages. It should be formatted using a minimum 12 point font size and one inch margins on all sides of the page. The narrative should clearly explain your school's current environment and the objectives for your project.

Review Criteria:

1. Your School's Educational Environment (25 points)

- Briefly describe your school's environment, who you serve, as well as your mission and vision
- Explain how Arts in the Classroom will improve your school

2. Need for Improvement in Academic Achievement (25 points)

- What are the greatest needs in your school that must be met in order to generate academic improvement?
- How are you currently addressing these needs?
- How are the arts currently being taught at your school?
- What would you like to change?

3. Vision & Ability to Craft a Plan (25 points)

- Describe your vision for using the arts to address your school's needs. ~ ~
- Describe your school's plan for accomplishing the following:
 - Identifying leaders and (non-school staff) partners for your AIC leadership team;
 - Instituting regular professional development related to arts integration.

4. Commitments from Your Leadership Team (25 points)

Each member of your AIC Leadership Team must submit the following information for this section of the narrative:

- Name, job title, phone number, and email address
- A statement (no more than 200 words in length) explaining why they are interested in bringing arts integration into the school and what their specific role will be in the process.

Arts in the Classroom: Final Checklist

Incomplete applications, defined as applications missing one or more of the documents listed below, **will not be considered for funding and will be returned to the applicant**. Please make sure you have completed every section of the application and have attached all of the required documents by actually checking items (✓) on the following list and signing off for completeness. **Remember to submit one original and one copy of the following:**

- Arts in the Classroom Application Form;
- Narrative (*three-page maximum*) in which you address the review criteria;
- Promotional information from the artists and consultants working on your project, if they are not members of MAC's Artist Roster. Please submit:
 - For artists: a brochure or promotional materials and a work sample (see Artist Roster guidelines for appropriate formats for work samples)
 - For consultants: a resumé and list of recent clients (including contact information for the clients)
- Letters from organizations that are partnering on or co-sponsoring your project. Include these only if applicable to your project – partners are not required. The letters should clearly explain the partner's role in the project;
- If a private school, a copy of your IRS 501(c)3 determination letter

Please do not bind or staple the above-listed application materials.

I certify that the application form is complete and that the above-listed documents are attached.

Project Director's Signature Date

Arts in the Classroom: Certification

The authorizing official and project director certify that the information contained in the application, including all attachments and supporting material, is true and correct to the best of our knowledge. We certify that the applicant will comply with all general and specific guidelines and restrictions of the Mississippi Arts Commission and, when applicable, of the National Endowment for the Arts, including the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, Executive Order 12549, Fair Labor Standards, and the Drug Free Workplace Act of 1988.

Original Signature of Authorizing Official

Date

Name

Title

Signature of Project Director

Date

Name

Title

Your application must be postmarked and in the mail no later than **March 1, 2012**.
Send it to:

**Mississippi Arts Commission
501 North West Street
Suite 1101A, Woolfolk Building
Jackson, MS 39201**

Arts in the Classroom Application - Supplemental Page: Additional Contact Names for Questions 23 – 25:

23. Additional Nationally Board-Certified personnel:

| | <u>Name</u> | <u>Job Title</u> | <u>E-mail Address</u> |
|-----|-------------|------------------|-----------------------|
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |

24. Additional arts specialists on staff, both part and full time:

| | <u>Name</u> | <u>Job Title</u> | <u>Arts Discipline</u> | <u>E-mail Address</u> |
|-----|-------------|------------------|------------------------|-----------------------|
| 5. | | | | |
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| 11. | | | | |
| 12. | | | | |

25. Additional members of your AIC Leadership Team:

| | <u>Name</u> | <u>Title</u> |
|-----|-------------|--------------|
| 7. | | |
| 8. | | |
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| 13. | | |
| 14. | | |
| 15. | | |
| 16. | | |