

# Art in Our Schools Nov 1, 2017 deadline

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*East Central Regional Arts Council*

## *Section 1: School Information*

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### **Applicant School\***

*Character Limit: 200*

### **District Number\***

*Character Limit: 4*

### **Address\***

*Character Limit: 250*

### **Mailing Address (if different)**

*Character Limit: 250*

### **City, State, Zip\***

*Character Limit: 250*

### **Grant Project Director and Job Title\***

Include the name of the Grant Project Director and their School Employee Job Title.

*Character Limit: 250*

### **Project Director School Email address\***

*Character Limit: 254*

### **Project Director Phone (day)\***

Please enter the 10 digit phone number with no special formatting.

*Character Limit: 10*

### **Telephone Extension**

*Character Limit: 5*

### **Grant Writer Name and School Job Title\***

Include the Grant Writer's Name and School Employee Job Title.

*Character Limit: 250*

### **School Website\***

*Character Limit: 2000*

## Section 2: Project Information

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### **Project Title\***

*Character Limit: 100*

### **Brief Project Description\***

*Character Limit: 500*

### **Project Start Date\***

See Grant Guidelines, page 7, for start and end date requirements.

*Character Limit: 10*

### **Project End Date\***

*Character Limit: 10*

### **Names of Residency Artists**

*Character Limit: 250*

**OR**

### **Field Trip Location**

*Character Limit: 250*

**OR**

### **Arts Related Special Project**

*Character Limit: 250*

### **Type(s) of Art Featured\***

*Character Limit: 250*

### **Number of Professional Artists Participating\***

*Character Limit: 5*

### **Number of Students Participating\***

*Character Limit: 5*

### **Number of Teachers Participating\***

*Character Limit: 5*

### **Number of Anticipated Audience for your Community Component\***

*Character Limit: 5*

### **Amount of Grant Request - up to \$3,000\***

*Character Limit: 20*

## Total Project Cost\*

*Character Limit: 20*

## Selection Decision\*

What art discipline, artist, arts field trip, or arts related special project have you selected and why? Attach project director work resume and residency artist résumé/s and all support materials. Keep in mind that artistic excellence is the goal for this funding program.

*Character Limit: 1000 | File Size Limit: 1 MB*

## Project Director Work Resume\*

*File Size Limit: 2 MB*

## Residency Artist(s) Artistic Resume(s)

*File Size Limit: 4 MB*

## Additional Project Support Materials

Any additional materials supporting the artistic merit of your project such as museum brochures/art show flyers/performance materials.

*File Size Limit: 4 MB*

## Planning Process and Goals\*

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 ECRAC cannot fund repeat Art In Our Schools grant projects.**

*Character Limit: 1000*

## Description of Project\*

Describe the proposed grant project:

- 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?
- The dates, times, rooms, locations of residencies and field trips.

*Character Limit: 2000*

## Community Involvement\*

Describe how you will make a presentation of this project to your community, or how it will be open to the public during or after its completion. **This community component is a requirement.**

*Character Limit: 1000*

## Promotion and Publicity Plan\*

Detail here how your organization will provide promotion and publicity for the community component of the project.

*Character Limit: 1500*

## **Section 3: Uploads and Certification**

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### **Residency Program Upload**

If you are proposing an artistic residency download, complete and upload the Residency Schedule below. You must include an in-service workshop time and description at the bottom of the form.

*File Size Limit: 1 MB*

### **Field Trip Schedule**

If you are proposing a field trip download, complete and then upload the Field Trip Schedule below.

*File Size Limit: 1 MB*

### **Expenses\***

Download, complete and upload the Project Expense Template below.

*File Size Limit: 2 MB*

### **Project Expense Details and Explanations\***

Include the written project expense details and explanations for each of your budget line items here.

*Character Limit: 1500*

### **Project Income\***

Please download, complete and upload the Project Income Template below.

*File Size Limit: 2 MB*

### **Project Income Details and Explanations\***

Include the written project income details and explanations for each of your budget line items here.

*Character Limit: 1500*

### **Certification\***

Please download, complete and upload the Certification form below.

*File Size Limit: 2 MB*

**FYI - To ensure all application files have uploaded and will open properly for reviewers, applicants should use the "Application Packet" button located at the top of the application. Any file upload error messages will appear on the "File Attachment Summary" page in the Application Packet.**

Contact staff via email at [info@ecrac.org](mailto:info@ecrac.org) or by telephone at 320-396-2337 x 1 if you have any questions or concerns regarding your application. If requested early enough in advance of the grant deadline, ECRAC staff can review your draft application.

## *Section 4: Regional Arts Council Data Collection*

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### **RAC Grant Data Collection\***

These reporting fields are not used in the evaluation of your grant request and are simply used for data collection purposes.

#### **Choices**

I understand

### **Are you a new applicant?\***

#### **Choices**

Yes

No

### **County\***

Choose the county below in which your school is located.

#### **Choices**

Chisago

Isanti

Kanabec

Mille Lacs

Pine

### **MN House District\***

MN legislative house district where the applicant is located (Click Here to use the district poll finder).

**Due to redistricting be sure to check Poll Finder for the correct House District**

#### **Choices**

11B

15A

31A

32A

32B

39A

### **Congressional District\***

U.S. congressional district where the applicant is located. To be eligible to apply you must live within the five county East Central Minnesota Region which is Congressional District 8.

**Choices**

8

**Special Characteristics (optional)**

If applicable, select the one code that best represents 50% or more of your school population.

**Choices**

D Individuals with Disabilities  
 I Individuals in Institutions  
 P Individuals below the Poverty Line  
 E Individuals with limited English Proficiency  
 M Military Veterans/Active Duty Personnel  
 Y Youth at Risk  
 G No single distinct group makes up more than 25% of the population served  
 5 Pre-K, children 5 and under  
 99 None of the Above

**Race/Ethnicity (optional)**

Please select the one option that best represents 50% or more of your school population.

**Choices**

N American Indian/Alaskan Native  
 A Asian  
 P Native Hawaiian/Pacific Islander  
 B Black/African American  
 H Hispanic/Latino  
 M Middle Eastern/North African  
 W White  
 99 when no single group applies  
 O Other

**Age Group**

Select the categories that best represent the age of those benefiting from your project.

**Choices**

1 Children/Youth (0 - 18 years)  
 2 Young Adults (19 - 24 years)  
 3 Adults (25 - 64 years)  
 4 Older Adults (65 + years)  
 9 No single age group

**Status\***

Select the one code that best describes the applicant. [Click Here](#) for a list of current **Status** codes (i.e. enter "01" for individual).

**Choices**

01  
 02  
 03

- 04
- 05
- 06
- 07
- 08
- 09
- 99

**Institution\***

Select the one code that best describes the applicant. [Click Here](#) for a list of current **Institution** codes (i.e. enter "01" for individual artist).

**Choices**

- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10
- 11
- 12
- 13
- 14
- 15
- 16
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49  
50  
51  
99

### Discipline\*

Select one code that best describes the applicant's primary area of interest in the arts. Click Here for a list of current **Discipline** codes (i.e. enter "01A" for Dance, ballet).

### Choices

01  
01A  
01B  
01C  
02  
02A  
02B  
02C  
02D  
02E  
02F  
02G  
02H  
02I  
03  
03A  
03B  
04  
04A  
04B  
04C  
04D  
04E  
05  
05A  
05B  
05D



- 05F
- 06
- 06A
- 06B
- 06D
- 06E
- 06F
- 06G
- 07
- 07A
- 07B
- 07C
- 07D
- 07E
- 07F
- 07G
- 07H
- 07I
- 08
- 09
- 09A
- 09B
- 09C
- 09D
- 09E
- 10
- 10A
- 10B
- 10C
- 10D
- 11
- 12A
- 12B
- 12C
- 12D
- 13
- 14
- 15

**Project Discipline\***

Select one category that best describes the proposed project activity. [Click Here](#) for a list of current Discipline codes.

**Choices**

- 01
- 01A
- 01B
- 01C
- 02

- 02A
- 02B
- 02C
- 02D
- 02E
- 02F
- 02G
- 02H
- 02I
- 03
- 03A
- 03B
- 04
- 04A
- 04B
- 04C
- 04D
- 04E
- 05
- 05A
- 05B
- 05D
- 05F
- 06
- 06A
- 06B
- 06D
- 06E
- 06F
- 06G
- 07
- 07A
- 07B
- 07C
- 07D
- 07E
- 07F
- 07G
- 07H
- 07I
- 08
- 09
- 09A
- 09B
- 09C
- 09D
- 09E
- 10
- 10A

- 10B
- 10C
- 10D
- 11
- 12A
- 12B
- 12C
- 12D
- 13
- 14
- 15

**Does your proposed project involve a public event?\***

**Choices**

- Yes
- No

**If yes, include the name and address of the event location.**

*Character Limit: 200*

**Adult Artists Participating\***

Estimated number of adult artists directly involved in or providing art or artistic services specifically identified with grant activities.

*Character Limit: 10*

**Children/Youth Benefiting\***

Estimated number of children and youth under the age of 18 participating in and/or benefiting directly from these grant activities, or included in an audience.

*Character Limit: 10*

**Adult Audience Benefiting\***

Estimated number of adult audience participants benefiting directly from grant activities.

*Character Limit: 10*

**Total Organization Expenses\***

List the total school expenses for the most recently completed fiscal year.

*Character Limit: 20*

**Department's Total Arts Budget for Previous Fiscal Year:\***

*Character Limit: 20*

**Total Project Expenses\***

*Character Limit: 20*

**Cash Expense of Project\***

This number should be the project total cost minus the amount of any in-kind revenue listed in your budget.

*Character Limit: 20*

**Project In-Kind\***

This number should be the amount of any in-kind revenue listed in your budget.

*Character Limit: 20*

**Start Date\***

The starting date should be approximately one month before your project is to take place or before you have to contract for services. *(This date **cannot** be before the grant deadline's earliest possible starting date listed in the guidelines.)*

*Character Limit: 10*

**End Date\***

The ending date should be approximately one month after the actual completion date of your project to allow time to close out all aspects of the project before submitting your final report.

*Character Limit: 10*

**Counties Impacted\***

Please provide a list of counties (Minnesota only) that will be impacted by this project.

*Character Limit: 500*

**School Board Members\***

Please provide a list of School Board Members. Enter first and last name only, separated by commas.

*Character Limit: 1000*