

Access The Arts

SECTION I: Applicant Information

School/Organization: _____

Principal/Director: _____ Title: _____

Site Coordinator(s): _____
One coordinator must be a teacher if site is a school

Address: _____

City: _____ State: _____ Zip: _____

Phone at work: _____ Home: _____ Email: _____

General Assembly Senator: _____ Representative : _____
(for school location)

SECTION II: Site Information (if different from above)

School/Organization: _____

Principal/Director: _____ Title: _____

Site Coordinator(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

SECTION III: Artists

Name: _____ Phone: _____

Contact Person (if a group): _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

SECTION IV: Project Information

Who are the students involved in this project?

Total # Classes: _____ (# self-contained: _____ # mainstreamed _____)

Total # students involved in the project: _____ (# with disabilities: _____ #non-disabled: _____)

(# of students with disabilities includes any child who receives resources services, has IEP, etc.)

Ages / Grades: _____ Nature of disabilities: _____

Briefly summarize students' participation in the project: _____

Type of Project

Artistic discipline(s): _____

Proposed start date: _____ End date: _____ Total # of weeks _____

Total # of project days per week: _____ # project hours per day: _____ # project classes per day: _____

Total # hours scheduled for planning with artist: _____ Total # hours scheduled for evaluation: _____

Where will project activities take place? *(classroom, library, auditorium; activities to occur in accessible locations):* _____

Briefly summarize how you will evaluate this project: _____

Project Personnel

Total # of teachers in the project: _____ (Special Ed: _____ Art, Dance, Drama, Music: _____ Other: _____)

Artists: _____ # Administrators: _____ # Other staff (aides, secretaries etc.): _____

Volunteers & Parents: _____ Total # of anticipated audience (if applicable): _____

Access The Arts Grant AMOUNT REQUESTED: \$ _____

SECTION V: Budget / Expenses & Income

Estimate expenses and income to the nearest dollar. Present a balanced project budget. The total cash expenses must equal the total cash income. The amount of your VSA arts of RI grant request must not exceed \$3000.00. Matching dollars are not required, but some contribution of either cash or in-kind support from school, parents, groups and community is expected. Attach a detailed breakdown of cash expenses for materials.

Expenses: Please indicate the allocation of the VSA arts funded amount

Personnel	Description	Cash	In-kind
Artist- Project	hours/rate _____	_____	_____
Artist - Planning/Evaluation	hours/ rate _____	_____	_____
Technical/Production/Other	hours/ rate _____	_____	_____
Materials	_____	_____	_____
Publicity / Marketing	_____	_____	_____
Documentation	_____	_____	_____
Other	_____	_____	_____
<i>Subtotal Expenses</i>		<i>Cash:</i> _____	<i>In-Kind:</i> _____

Total Expenses: _____

Income:

Description	Cash	In-kind
School _____	_____	_____
Parent/Teacher _____	_____	_____
Local Business _____	_____	_____
Corporate /Foundation _____	_____	_____
Other _____	_____	_____
Grant Amount Requested from VSA arts of RI _____	_____	_____
<i>Subtotal Income</i>		<i>Cash:</i> _____ <i>In-Kind:</i> _____

Total Income: _____
(must equal total expenses)

Access The Arts

SECTION VI: Narrative

Please describe your project by answering the following questions in a Q & A format and attach your typed responses to the Application Information & Budget pages.

1. What are your goals and objectives for this project? *(Note: VSA arts is dedicated to increasing artistic growth & skills of students, but you may have additional goals; see RI Department of Education Standards & Arts Frameworks. Many projects also enhance social and communication skills, integration of curriculum, etc.)*
2. Why did you choose this particular arts discipline? Who was involved in the planning and designing of this project?
3. Describe the proposed project activities (outputs) and projected timetable of activities.
4. What is your anticipated outcome? *(For example: As a result of the activities, what will students have learned and now be able to do?)*
5. How will you evaluate your student's learning towards this outcome? Please identify the indicators/measurements for proposed outcomes. *(VSA arts is committed to the use of outcomes based program evaluation. Please see program design and evaluation process information)*
6. Who will assess student achievement, what assessment tools will be used and how will you know whether your project has succeeded or achieved its goals?
7. Describe how this project will be used as a vehicle to mainstream special education students.
8. In what arts programs or classes (other than this program) do your special education students participate?
9. Describe how you will publicize this project.
VSA arts will provide publicity guidelines and technical assistance if necessary. Copies of all notices, newsletters, newspaper articles, press photos etc. must accompany final report.
10. How will you document this project? *Copies of all documentation must accompany final report.*

Mail original application and 4 copies with signed assurances page to:

**VSA arts of Rhode Island
500 Prospect Street
Pawtucket, RI 02860**

Applications are due by

4:00 p.m. Thursday - November 12, 2009

Incomplete or late applications will not be considered

Assurances

The applicant organization hereby gives assurance to VSA arts of Rhode Island that:

1. The activities and services for which assistance is sought will be administered by or under the supervision of the applicant.
2. Program activities will occur in accessible locations
3. Any funds received under this grant will not be used to supplant funds normally budgeted for services of the same type.
4. The applicant will assure that no person shall, on the grounds of race, color, ethnicity, religion, sex, age, national origin, sexual orientation or disability be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which the applicant received financial assistance from VSA arts of Rhode Island.
5. The filing of this application has been authorized by the governing body of the applicant.
6. The applicant will expend funds received as a result of this application solely on the described projects and programs, and will separately provide funds for the maintenance of the organization.
7. The applicant shall comply with evaluation procedures of VSA arts of Rhode Island.
8. The grantee will submit a final report no later than 30 days after the project is complete.

I certify that the information provided to VSA arts of Rhode Island is true to the best of my knowledge.

Authorizing Official: (Principal or Executive Director)

Signature _____ Date signed _____

Name (print or type) _____

Title (print or type) _____

Telephone (area code) _____ Email _____

Authorizing Official: (Superintendent of School)

Signature _____ Date signed _____

Name (print or type) _____

Title (print or type) _____

Telephone (area code) _____ Email _____

Site Coordinator: (must be a teacher if site is school, regular staff in non-school)

Signature _____ Date signed _____

Name (print or type) _____

Title (print or type) _____

Telephone (area code) _____ Email _____

Co-Site Coordinator: (optional—may be parent, teacher, or staff)

Signature _____ Date signed _____

Name/Title (print or type) _____