



School Arts Project Grant Application

Five Wings Arts Council - PO Box 118 - Staples, MN 56479
 218-895-5660 www.fwac.org mark.turner@njpacoop.org

<p>1. Applicant School (Name, Address, Phone)</p> <p>Telephone:</p> <p>E-Mail Address:</p>	<p>2. Project Director (Name, Address, Phone)</p> <p>Telephone:</p> <p>E-Mail Address:</p>
<p>3. Project Starting Date* _____</p> <p>*Cannot be before the review of your grant – see website for review dates)</p> <p>Project Ending Date* _____</p> <p>*Must be completed within one year of start date.</p>	<p>4. # of Students Involved _____</p> <p># of Artists Involved _____</p> <p># of Staff Involved _____</p> <p>Estimated # of Community Members Involved (audience) _____</p>
<p>5. Location of Activities</p>	<p>6. Project Budget Summary</p> <p>\$ _____ Total Project Cost</p> <p>\$ _____ Total Match (Not Required)</p> <p>\$ _____ Amount Requested</p> <p>(Request cannot exceed 75% of the total cost or \$5,000)</p>

7. Brief Project Description

8. Certification: We certify the information in this application is true and correct to the best of our knowledge. **Two separate signatures are required including one from either the Superintendent or Principal.**

Superintendent or Principal

Typed Name, Title

Signature

Date

Project Director

Typed Name, Title

Signature

Date

Proposed Project

9. Give a complete description of the project, field trip, or residency including dates and times of activities.

Merit and Artistic Quality

10. What are the specific goals of the project?

11. How will you evaluate the project? (If funded, a report on the specific outcomes of your project will be required upon completion).

12. List the key artists, companies, professionals, and administrative personnel. Please describe why they were selected and attach bios or resumes for each artist/group.

Need or Demand for the Project

13. How was the need for this project determined and how will this project benefit your students and/or community?

Ability of the Applicant

14. Give a brief description of other related projects undertaken by your school in the past including dates. If this is a new type of endeavor, please describe the steps you will take to ensure a successful project.

BUDGET (Round Figures to nearest \$10)

PROJECT EXPENSES

Artist Fees, Contracts, Honorarium

_____	_____
_____	_____

Artist(s) Travel/Lodging/Expenses

_____	_____
_____	_____

Student Transportation (include # of miles)

_____	_____
_____	_____

Rental Fees

_____	_____
_____	_____

Other Salaries/Wages (bus drivers, subs, custodial, etc.)

_____	_____
_____	_____

Expendable Supplies/Materials

_____	_____
_____	_____

Miscellaneous (list)

_____	_____
_____	_____

TOTAL COST OF THE PROJECT

\$ _____

Budget Notes

PROJECT INCOME – NO MATCH REQUIRED FOR SCHOOLS

Cash

A. Budgeted for the Project

_____ \$ _____

Total Budgeted \$ _____

B. Other Grants (Do not include this one)

_____ \$ _____

Total Grants \$ _____

C. Earned Income (ticket sales, fundraisers
Concessions, etc.).

_____ \$ _____

Total Earned \$ _____

TOTAL INCOME (Match) FOR THE PROJECT (not required)

\$ _____

AMOUNT REQUESTED FROM FIVE WINGS ARTS

\$ _____

TOTAL SUPPORT (Grant + Match)
(Must equal total project cost)

\$ _____