

# 2019-2020 GASP Artist Application Form



Please see the *Grant Guidelines for Artists* for complete application instructions.

## **Important Dates & Deadlines**

|   |                                  |
|---|----------------------------------|
| <b>Artist Applications Due</b>                    | <b>September 30, 2019</b>        |
| <b>School Teacher Request Forms Due</b>           | <b>September 30, 2019</b>        |
| <b>Panel Review &amp; Artist Selection</b>        | <b>October 2019</b>              |
| <b>Panel Review &amp; School Selection</b>        | <b>October 2019</b>              |
| <b>Award Notification (Artists &amp; Schools)</b> | <b>November 2019</b>             |
| <b>Program Period</b>                             | <b>December 2019 – June 2020</b> |
| <b>Evaluations (Artists &amp; Schools) Due</b>    | <b>June 2020</b>                 |

**Please note:** The form that follows is only one element of a complete application packet. To apply for a *GASP* grant, an artist must submit **all** of the following elements:

1. **Artist Application Form** (this form)
2. **Artist Resumé or Bio** (up to two pages)
3. **Project Summary** (up to three pages)
4. **References** (two professional references)
5. **Artistic Support Materials** (up to six samples)

Artist Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_

Email (required): \_\_\_\_\_ Website: \_\_\_\_\_

How did you hear about *GASP*? \_\_\_\_\_

Name of Proposed *GASP* Project: \_\_\_\_\_

Artistic Discipline(s): \_\_\_\_\_

Current member of the Arts Council of Mendocino County: \_\_\_\_ yes \_\_\_\_ no

## 2019-20 GASP Artist Application Form

Brief Description of Project (200 words or less):

What do you hope are the outcomes of this partnership?

Grade Levels you can teach (Check all that apply):

K  1  2  3  4  5  6  Middle School  High School

Do you have a preferred school / teacher? Name: \_\_\_\_\_

Would you consider projects outside your geographical area?  yes  no

Maximum distance you will travel: \_\_\_\_\_ miles or \_\_\_\_\_ hours or  
\_\_\_\_\_ location names

What type of project is this? Please check one:

Performance *(must fit into a 45–60 minute time frame)*

Classroom Sessions *(one to four 45–60 minute classes per day per school; can include multiple days/weeks; each class meets with the artist for one class period)*

Residency Program *(multiple encounters with the same group of students; program should be a minimum of 3 and a maximum of 30 sessions long). In rare cases extended residencies are funded if pre-approved, and if school or artist has additional funding outside of GASP funds.*

## 2019-2020 GASP Artist Application Form

### Project Budget

| <b>Length of Project</b><br>(weeks) | <b># of Sessions/ Performances per week</b> | <b>Hours per Session or Performance</b> | <b>Artist Fee</b><br>(=Number of Weeks x # of Sessions x # of Hours x \$35 Fee) | <b>Prep Time Fee</b><br>(Multiply \$35/hr x # of prep hrs) | <b>Materials Fee</b>  | <b>Travel Stipend</b><br>(If travel is in excess of 80 miles RT) | <b>Total Grant</b>     |
|-------------------------------------|---|---|---|--|-----------------------|--|------------------------|
| <i>Sample</i><br>2 wks              | <i>Sample</i><br>5 sessions                 | <i>Sample</i><br>1 hour                 | <i>Sample</i><br>\$350  | <i>Sample</i><br>\$70                                      | <i>Sample</i><br>\$50 | <i>Sample</i><br>\$50  | <i>Sample</i><br>\$520 |
|                                     |   |   |   |  |                       |  |                        |
|                                     |   |   |   |  |                       |  |                        |

Materials description:

\_\_\_\_\_

Desired number of students per Session/Performance:

Minimum Number of Sessions/Performances per day: \_\_\_\_\_

Maximum Number of Sessions/Performances per day: \_\_\_\_\_

**Total Grant Request: \$** \_\_\_\_\_

**Value and description of any in kind contributions or matching funds: \$** \_\_\_\_\_

I/We have worked within a classroom environment with school children in K-12 grades. I/We do hereby certify that I/we am/are residents of Mendocino County, and that all figures, facts and representations made in this application, including all exhibits and attachments made a part of this application, are true and correct to the best of my/our knowledge and belief.

Print Name(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing this application, the signatory agrees to permit the Arts Council of Mendocino County and Mendocino County Office of Education to use photographs and images made of this project and public activities connected with this project for ACMC and MCOE press releases and publications.*