

**SALISBURY WICOMICO ARTS COUNCIL
ARTS ENHANCED EDUCATION GRANT APPLICATION**

A. General Information

Name of Applicant School: _____
If applying as an individual teacher, disregard the lines requesting "Secondary Team Member" name and position.

Primary Team Member/Applicant: _____ Position/Title: _____
Secondary Team Member/Applicant: _____ Position/Title: _____
School Mailing Address: _____
School Phone: _____ Applicant Email: _____

Authorizing Official (Principal/Program Coordinator) **(Must be a different person than the applicant)**
Name: _____ Position/Title: _____
[By affixing my name, I give support & approval for both this project and for the applicant.]

B. Project Information

Name of Project: _____ Grant Amount Requested: _____
Grade Level(s) Served: _____ Number of Students Served: _____
Inclusive Date(s) for Project: _____

Narrative Description* Attach one sheet only, single spaced, 10 pt. type or larger, to describe your project. Be sure to include the program concept, curriculum value, and evaluating procedures.* *We can offer a model upon request.*

Required Attachment(s). Attach a resume (no more than 3 pages for each artist) for all artistic personnel. Attach a site/event description for any bus destination included in the project. Be sure to describe how and why you selected the specific artists or bus trip locations.

Describe how the grant funds will be spent:

Artistic Personnel [must be paid]	_____
Technical Personnel sound, lights, etc.	_____
Supplies	_____
Bus Costs	_____
Clerical	_____
Remaining Expenses	_____
_____	_____
_____	_____
_____	_____
Total:	\$ _____

Will this project required additional funds? (over the \$1,000 max. available grant) _____
If YES, to whom have you applied or from whom have you received funds?

_____ \$ _____
_____ \$ _____

What sources of IN-KIND support are you planning to use?
(In-kind support is when someone performs a service or donates time and talents and receives no money for that service as a direct payment from the grant.)

_____ CLERICAL
_____ CUSTODIAL
_____ TECHNICAL
_____ ADMINISTRATIVE
_____ ARTISTIC
_____ SUPPLIES
_____ OTHER DONATED TALENTS/TIMES

I certify that the information and financial figures contained in this application and attachments are true and accurate. Further, I assure our compliance with: Title VI, Section 601 of the Civil Rights Act of 1964; Title IV, Section 1681 of the Education Amendments of 1972, and the Age Discrimination Action Section 6101, of 1975; and Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, to ensure full access to all SWAC grant funded programs to all, regardless of race, color, national origin, sex, age or disability.

Signature of Team Members Applying for Grant: _____ Date: _____

Primary: _____

Secondary: _____

Signature of Authorizing Official*: _____ Date: _____

**Must be a different person than the applicant*

[By signing this form, I am giving my support to both the project and to the applicant.]