

**Arkansas Arts Council
Arts In Education Mini-Grant Program
Grant Application/Contract**

for Arkansas Arts Council use only
FY11- _____ - _____

For programs occurring between October 1, 2010 and August 31, 2011.

A. APPLICANT INFORMATION

Organization/School Name: _____
 Mailing Address: _____
 City, State, Zip: _____ Phone: _____
 Fax: _____ E-mail Address: _____
 Employer ID: _____ DUNS #: _____
 Contact Person: _____ Phone: _____
 State Senator: _____
 State Representative: _____

B. RESIDENCY ONLY _____ PROFESSIONAL DEVELOPMENT ONLY _____ RES/P.D. COMBINED _____

Artist's name _____ Artist's Discipline: _____
 Specific Program Dates: _____ to _____
 Number of days: 1 2 3 4 5 6 7 8 9 10

Description of Program (Residency - target groups, program goals, how art form is integrated into curriculum/character development and desired outcomes; Prof. Dev. - how teachers will understand and use arts learning techniques in daily work)

C. BUDGET calculate the budget for the program...match must be 1:1, using cash and/or in-kind contributions

AR Arts Council Mini-Grant Request

Applicant Match

➤ Artist Fee \$175/day up to 10 days _____
 ➤ Mileage Currently \$.42 per mile round trip _____
 ➤ Meals maximum of \$39 per day _____
 ➤ Lodging maximum of \$70 per night _____
 ➤ Supplies _____
 TOTAL AAC GRANT REQUEST* _____

➤ Cash _____
 ➤ In-Kind _____
 TOTAL MATCH* _____

* maximum allowable request is \$2,000

*applicant match must be equal to or greater than request

- The Arkansas Arts Council should receive the request at least two (2) weeks before the actual program date.
- Requests must be submitted and approved for funding before the residency begins.

signature of contact person

Date

signature of principal, superintendent or executive director

Date

signature of artist

Date

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This contract is approved and authorized by the signature below...the sponsor school will soon receive an invoice and evaluation form for the mini-grant program.

authorizing Arkansas Arts Council signature

Date