



The Arts in Education Program of Central Intermediate Unit # 10
345 Link Road, West Decatur, PA 16878 • 814-342-0884 ext. 3569 • FAX: 814-342-5137

Artist Residency - Application and Request for Funds Form

Please send to: Kristen Baughman-Gray • Galaxy/CIU # 10 • 345 Link Road • West Decatur, PA 16878
kgray@ciu10.org

A. General Information:

School/Organization: _____ District: _____

Mailing Address: _____

City: _____ Zip +4: _____ County: _____

Congressional District: _____ PA House District: _____ PA Senate: _____

Site Coordinator: _____

E-mail: _____ Business Phone: _____

Principal/Administrator: _____

Email: _____ Business Phone: _____

Artist(s): _____ Art Form(s): _____

Grade/Age Level of Core Group(s): _____ Number of Students in Core Group(s) _____

Tentative Residency Dates: _____ Planning Session Date: _____

B. Narrative Description of Project (Refer to checklist)

Residency projects should be developed collaboratively with the artist(s), host site, and Galaxy. While project plans must be developed prior to application submission, it is understood that fine tuning of the plans will occur between submission and the actual residency.

Attach a narrative description of the proposed project, addressing the points outlined in the Residency Planning Guide. Narratives must be typed and no more than two pages in length.

Checklist

Please include the following documents:

- Artist Residency - Application and Request for Funds Form (this form)
- Narrative Description of Project (attached)
- Residency Budget Worksheet (attached)



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Residency Budget Worksheet

Please type or print clearly in ink:

I. Planning and Residency Days

- Number of Planning Days (max. of 2 days and min. of 1 for a 20-day residency) _____ (A)
- Number of Residency/Teaching Days (min. of 17 days for a 20-day residency) _____ (B)
- Total Number of Days (A + B) _____ (C)
- Artist Fee per Day (min. \$200 school residency, \$150 community-based) \$_____ (D)
- Total Artist Fees (C X D) \$_____ (E)

II. Travel Expenses

- Mileage: (only applicable when artist travels 50 miles or more, one way, to residency site)
- Miles per Day (*from mile 51, if over 50 miles*) _____ (F)
- Total Mileage (C X F X \$0.50) \$_____ (G)

III. Materials/Supplies _____

Materials/supplies are the school/agency's responsibility and are not eligible for funding.

IV. Total Eligible Expenses

(E + G) \$_____ (H)

V. Funding Requested

- Amount requested from Galaxy \$_____ (I)
- Amount of matching funds (must be at least ½ of Total Eligible Expenses) \$_____ (J)
- Administration Fee (10% of E) \$_____ (K)
- Total Funds paid by the School/Community organization \$_____ (L)

Source of Matching Funds (e.g., school budget, PTA, foundation): _____

Matching Funds are : Secured Pending

Breakdown of Rates for an Individual Artist with PCA Support using 10, 15 and 20 days is an EXAMPLE, only. Complete the above budget for the exact number of days you are requesting.



Length of Residency	PCA Grant Match	% Host/School Share	PCA Grant Support Maximum	Host/School TOTAL SHARE DUE (Includes 10% admin. as required by PCA)	Total Cost for Residency
NOTE: Residencies may be ANY number of days (10 or more) Use budget above.			NOTE: See Range of # of Days in box above for support maximum.		
For 10 Days	Up to 30%	At least 70%	\$600	\$1,600	\$2,200
For 15 Days	Up to 40%	At least 60%	\$1,200	\$2,100	\$3,300
For 20 Days	Up to 50%	At least 50%	\$2,000	\$2,400	\$2,400

