



The Arts in Education Program of Central Intermediate Unit 10
345 Link Road, West Deatur, PA 16878 • 814-342-0884 ext. 3054 • FAX: 814-342-5137

Artist Residency- Application and Request For Funds Form

Please send to: Renee McQuown • Galaxy/CIU 10 • 345 Link Road • West Decatur, PA 16878

A. General Information:

School/Organization: _____ District: _____

Residency Coordinator: _____ E-mail: _____

Business Phone: _____ Fax: _____

Home Phone: _____ Cell Phone: _____

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

Grade/age lee of Core Groups(s): _____ Number of students in core group(s) _____

Tentative Residency Dates: _____ Planning Session Date: _____

B. 2 Questions...Please type of write legibly. You may add an additional page.

- a. Please state what you hope to accomplish with this residency.
- b. Why should this residency by funded?

Requirements & Agreement: (Galaxy will issue a complete contract when the artist residency is confirmed)

To qualify for matching funds from Galaxy/PCA you must agree to requirements, including:

- Residencies **MUST** be a minimum of 10 days with an individual artist or 5 days with an ensemble.
- Residencies **MUST** have at least one core group and not more than 3 core groups (no more than 30 students, per group); at least one core **MUST** meet with the artist almost every day of the residency.
- Residency dates **MUST** be submitted to Galaxy at least 30 days before residency begins and by no later than February 1.
- All press materials must acknowledge the PA Council on the Arts (if PCA dollars are used) and Galaxy, The Arts in Education Program of Central Intermediate Unit 10.
- Residencies **MUST** include a planning meeting.
- Hosts should ensure that legally responsible personnel are in the room with the artist **AT All TIMES**. Artists are not to be utilized as substitute teachers.
- Host agrees to complete Artist Residency Planning and Residency Evaluation forms and to submit to the Galaxy office in a timely manner.

***Galaxy reserves the right to revoke or reduce residency funding if requirements are not met.**

C. Artist Residency Budget

Artist Fees: # of Artist Days in school _____ x \$200/day = **TOTAL Artist Fees:** \$ _____ (A)
 (NOTE: \$200/day per individual artist. Contact Galaxy for Ensemble fees.)

Minus Galaxy / PCA Grant Support Requested (See * Below.): \$ _____ (B)
 (If not requesting PCA support, put "N/A" in (B) above)

*Range of # of Days for PA Council on the Arts (PCA)Grant/Match Requirement:

- 20+ days are eligible for up to 50% of PCA funds requested
- 15-19 days are eligible for up to 40% of PCA funds requested
- 10-14 days are eligible for up to 30% of PCA funds requested

Host Organization/School Matching Funds \$ _____ (C)
 (if not requesting PCA support, put "N/A" in (C) above) **(A minus B)**

Add in the 10% Administrative Fee (required by PA Council on the Arts)

TOTAL Artist Fee _____ x .10= \$ _____ (D)
 (See Line A)

Total SHARE you are required to pay. \$ _____ **
(C plus D)

**Does not include costs for materials or accommodations, if applicable.

Rate Box: Breakdown of Rates for 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 NOTE: Residencies may be by ANY number of days (10 or more) Use budget above.	PCA Grant Match	% Host/School Share	PCA Grant Support Maximum NOTE: See Range of # of Days in box above for support maximum.	Host/School TOTAL Share Due (Includes 10% admin. As required by PCA)	Total Cost for Residency
For 10 Days =	Up to 30%	At least 70%	\$600	\$1600 +	\$2200
For 15 Days =	Up to 40%	At least 60%	\$1200	\$2100 +	\$3300
For 20 Days =	Up to 50%	At least 50%	\$2000	\$2400 +	\$4400

D. Please Read and Sign: We have read and understand the requirements. We have had initial communications with the name artist. We would like to request matching funds, as indicated in the above budget, to support an artist residency.

 Site Administrator/Principal Date

 Residency Site-Coordinator Date

Artist in Residence Approved _____ (Office Use Only)

 Galaxy Director Date

Send or FAX Completed Form to:
Renee McQown • Galaxy/CIU 10 • 345 Link Road • West Decatur, PA 16878 • FAX: 814-342-5137