

#

Adaptation and Innovation Grant Program in Schools 2020-2021

A program of the Alaska State Council on the Arts | Application

# Application Instructions

Before completing this application, please be sure you have read through the Adaptation and Innovation Grant Guidelines. Email laura.forbes@alaska.gov or call (907) 269-6682, with questions, concerns or for technical assistance; in particular, please contact us right away if the application materials and requested submission process present a barrier to access for an eligible applicant.

A complete application consists of the Application with Certification, a Project Narrative, and attachments as defined in the grant application. Submit a complete application at least 30 days prior to the planned activity.

You may either download and complete (typed or legibly handwritten) this paper application form for submission by mail or email, or you may complete an online application form through a platform called Submittable. The link to the online application through Submittable is on the Adaptation and Innovation Grant page on the ASCA website at <https://arts.alaska.gov/>. If you choose to submit the online application, you will first create an applicant profile on the Submittable platform.

**Sending Mailed or Emailed Applications**: Download and submit a complete application by at least 30 days prior to the planned activity by mail, in person by appointment, or via email to: Alaska State Council on the Arts,  Attn: Adaptation and Innovation Grant, 161 Klevin Street, Suite 102, Anchorage, AK 99508

-or-

Via email to asca.grants@alaska.gov.

# Contact and School Information

| **School**: |
| --- |
| **School District in which your activity will take place?**: |
| **School District or School EIN/Tax ID Number**: |
| **School Mailing Address**: |
| **City, State, Zip Code**: |
| **Contact Person and Title**:  |
| **Contact Email**:  |
| **Contact Phone**:  |
| **School Site Administrator (if different than contact**): |
| **School Site Administrator Phone (if different than contact**): |
| **School Site Administrator Email (if different than contact**): |

# Project Information

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| --- |
| **Project Title (if applicable**): |
| **Activity Dates (start-end**): |
| **Ages or Grade levels of activity participant students?**: |
| **List artists, culture bearers, or community arts and culture organizations who will be involved with your activity. Include the art form they practice, and their home community(ies)**: |
| **Are there any other members of your school community who will participate in the activity or be positively impacted? Who?**: |
| **TOTAL GRANT REQUEST AMOUNT (up to $1,000.00)**: $ |

**In thinking about the impact of your project or activity, do you imagine it will align with any of the following kinds of arts and culture activities identified below? Please check all that apply, or none.**

*It is not required that your proposal focus on these types of activity, but we are interested in how Adaptation and Innovation may be occurring in areas of long-standing interest to ASCA and Rasmuson Foundation.*

|  |  |
| --- | --- |
| *Check here if applicable* | **Type of Activity** |
|  | **Arts in Education (AIE)** – exposure to art and artists, development of arts skills for children, youth and educators; engage communities with artists, learning in and through the arts and cultures in Alaska.  |
|  | **Youth Cultural Heritage (YCH)**— children and youth to engage in their own and others’ cultures; creative youth development; multi-generational transference of cultural practice as broadly defined in the arts.  |
|  | **Arts Access through Harper Arts Touring Fund (HAT)**—access to the arts for Alaskans in their communities (performing arts, visual arts, material culture) with emphasis on underserved, under-represented, and under-resourced communities; emphasis on access to art and artists of particular relevance to Alaskan communities, and community partnership.  |

# Project Budget Plan

**What kinds of expenses will you need to accomplish your project or activity? Check all that apply. If “Other,” please provide a label in that box. You will be asked to describe your budget plan in the project narrative.**

|  |  |  |  |
| --- | --- | --- | --- |
| *Check here*  | **Type of Expense** | *Check here*  | **Type of Expense** |
|  | Artist Fees |  | Technology and Subscription Platforms |
|  | Other Contracted Services |  | Supplies and Materials |
|  | Honoraria/stipends |  | Equipment (valued at less than $5,000.00) |
|  | Insurance or Licenses |  | Marketing and Outreach Costs |
|  | General Facilities/Venue/Space Costs (mortgage, rent, utilities, etc.) |  | Printing, Design, Publications |
|  | Staffing Costs (payroll and benefits, extra duty contract) |  | Professional Development and Training Costs |
|  | Telecommunications and Internet Services |  | In-State Travel and Local Transportation |
|  | Postage, Freight, Shipping |  | Other |
|  | Other |  | Other |

**Please respond, briefly, to the following questions about your budget plan.** We do not require an exact budget breakdown within this plan. We recognize that a budget is a guide, and understand that Adaptation and Innovation may require change of those plans. Share the best information about your plan to accomplish the project or activity for which you are seeking funds.

* Briefly describe your budget plan in relation to the types of expenses you checked above: how will you use the funds requested? While a detailed budget is not required, include description of project/program expenses, to the extent possible based on your current information.
* A match is not required for this funding support. Describe, as appropriate, any other fund sources you might use to support your project/program as proposed.

# Project Narrative

On no more than two attached pages, address the following narrative questions. It is helpful to align your responses with the narrative question numbering. You are not required to restate the questions in the body of your narrative.

1. Briefly describe your school and the community you serve. Include demographic information and description of students, educators and the broader school community. If your school or school district has a mission statement, please include it.
2. What is the planned activity or project? Where and when will the activity happen? Who are the artist(s), culture bearer(s) or arts and culture organization(s) involved, what will they do and why were they selected? How are they involved with the planning, and how will they be compensated for their services?
3. How does this represent adaptation or innovation in your practice or for your school? Adaptation and Innovation defined for the purposes of this grant program are:

**Adaptation**: schools are encouraged to adapt practice and capacities that allow for Alaskans of all ages to have safe and supportive access to and engagement with the arts and artists in our state.

**Innovation**: schools are encouraged to try new ways of sharing arts practice, arts engagement, arts education, and/or arts commerce while keeping communities safe and well. This includes innovative projects and programs, innovation in operations, delivery of goods and services, connection with community, and building relationships with audiences.

1. We recognize that Adaptation and Innovation can be difficult, and much will be learned. Are there any challenges you anticipate in accomplishing your proposed activity? How will you meet them, and what individual and community assets (e.g. your experience, stated community need, dedicated project partners) might you have in favor of success?
2. Attachments to this application are not required, but you may include additional information that you think may help us understand your Adaptation and Innovation project or activity. Please limit attachments to no more than three links or additional files. List the attachments in your narrative.

# Certification

By signing this grant application, I certify that the information contained in this application, including attachments, is true and correct to the best of my knowledge. I am authorized to legally obligate the grant applicant.

| **Certification** |
| --- |
| Applicant Organization:  |
| Signature of Authorizing Official:  |
| Date of Signature: |
| Printed Name and Title:  |
| If not previously provided, email and phone contact: |