CARROLL COUNTY ARTS COUNCIL

Artist In Education Grant – Guidelines and Forms

GENERAL INFORMATION

The purpose of this grant is to encourage and promote Carroll County Public Schools bringing Maryland artists and performers in for residencies, workshops, assemblies, performances, Master Classes, etc. These funds are provided by the Maryland State Arts Council. Performer/Artist rosters can be found on the Maryland State Arts Council, Class Acts Arts or Young Audiences of Maryland websites.

AMOUNT OF SUPPORT

The Carroll County Arts Council can fund up to $250 per school, per CCPS academic year. AiE Grant funds cannot exceed 50% of the total cost of the performance. Be advised that, checks must be associated with the CCPS institution applying, not to the individual artist. Funds may not be used for the retirement of existing debt or for programming outside the arts. Additionally, awards may vary annually depending on the total amount available for disbursement and the total number of recipients in the fiscal year.

APPLICATION PROCEDURE

All applicants must complete and submit the following forms in person or by mail to:

Carroll County Arts Council
ATTN: Arts in Education Grant
91 W. Main St.
Westminster, MD 21157

DEADLINES AND NOTIFICATIONS

There is no deadline! AiE Grant Applications are accepted on an ongoing basis. All applicants will receive their responses within 60 days of receipt. If awarded, a check for the approved amount will be included.

A Final Report Form (attached) must be submitted within 60 days after the Project or Activity takes place to remain eligible for future Arts in Education Grants.

QUESTIONS

Please contact Stephen Strosnider, Assistant Director at (410) 848-7272 or email stephen@carrollcountyartscouncil.org if you have further questions.

Revised 10/22
CARROLL COUNTY ARTS COUNCIL
ARTIST IN EDUCATION GRANT – APPLICATION

SCHOOL / CCPS STAFF INFORMATION

School Name __________________________________________ Legislative Dist # ______

Principle ______________________________________________________________________

Address _________________________________________________________________

City/State/Zip ______________________________________________________________

Contact Name ______________________________________________________________

E-mail Address __________________________@carrollk12.org Phone ________________

ARTIST INFORMATION

Artist/Group __________________________________________________________________

Contact Name ______________________________________________________________

Address _________________________________________________________________

City/State/Zip ______________________________________________________________

Description/Title of Event ______________________________________________________

Date of Event __________________________ Time __________________________

Approx. Number in Attendance: Students _________ Parents _________ Staff _________

COST

Artist Fee $________________ Other $________________ (Transportation, equipment, supplies, etc)

TOTAL $________________

Amount Requested from Carroll County Arts Council $________________ ($250 Max)

*Check should be made payable to ________________________________________________

*Checks must be associated with Carroll County Public Schools

Signature __________________________________________ Date ________________

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ARTIST IN EDUCATION GRANT – FINAL REPORT

Must be submitted within 60 days after the project or activity takes place to remain eligible for future Arts in Education Grants.

Carroll County Arts Council
ATTN: Arts in Education
91 W. Main St.
Westminster, MD 21157

School Name ____________________________________________ Legislative Dist # __________

Principle __________________________________________________________

Contact Name _________________________________________________________

E-mail Address ____________________________________________carrollk12.org Phone __________

Artist/Group _________________________________________________________

Contact Name _________________________________________________________

Description/Title of Event ______________________________________________

Number of: Artist ___________ Students ___________ Parents ___________ Staff ___________

FINAL COST $ __________________________________

Would you recommend this artist/event to other CCPS institutions? YES □ NO □

Was this event suitable for your schools grade level? YES □ NO □

In the space below, please describe the artist impact this event had on your community:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Signature ____________________________________________ Date ________________