



DELAWARE DIVISION OF THE ARTS

820 North French Street, Wilmington, DE 19801
302-577-8278 www.artsdel.org



Artist Residency Application Checklist

To apply for funding for an Artist Residency, applicants must:

1. Complete the attached Artist Residency Application form
2. Provide narrative and budgetary information and supplemental materials specified in: Artist Residency Information and Instructions (see www.artsdel.org/grants/schoolgrants)
3. Submit two (2) collated application packets by the deadline

For all Artist Residency applicants, does your application packet contain:

- Artist Residency Application form, completed and signed
- Artist Residency Narrative
- Artist Residency Budget
- Supplemental Materials (including a letter of agreement from the artist)
- A copy of this checklist with the original packet only

Have you compiled:

- Two (2) signed and collated application packets

All grant materials must be mailed or hand-delivered at least eight weeks in advance of the scheduled artist residency.

Mail or hand-deliver to:

Delaware Division of the Arts
Carvel State Office Building, 4th Floor
820 N. French Street
Wilmington, DE 19801

Hand-deliver only to:

Delaware Division of the Arts Office
DE Division of Libraries Building
Edgehill Shopping Center, Rte. 13
Dover, DE

ARTIST RESIDENCY APPLICATION

Application # _____ (for official use only)

Read the *Artist Residency Information and Instructions* (www.artsdel.org/grants/schoolgrants) before completing this application. All supplemental information requested in the instructions must be included for the application to be complete. Submit two (2) collated copies of the full application packet that includes this form and all supplemental information.

Applicant Information

1. School/Organization _____

Contact Person _____

Address 1 _____
(Street) (City) (State) (Zip)

Address 2 _____
(if different from above)

Telephone _____ Fax _____

E-mail _____

State legislative district (House) _____ (Senate) _____

School principal/Organization director _____

Telephone _____ Fax _____

E-mail _____

2. Residency director _____

Telephone _____ Fax _____

E-mail _____

3. Artist's name _____

Address _____
(Street) (City) (State) (ZIP)

Telephone _____ E-mail _____

4. Age/Grade of students being served _____ # of students being served _____

5. Residency begin date _____ Residency end date _____

6. List all performing and visual arts instructors on staff in your school. Include their arts discipline

ARTIST RESIDENCY APPLICATION

and whether they are full- or part-time.

Teacher's Name	Arts Discipline	Full/Part Time

7. Total projected cost of the residency: _____
 Total projected artist fees for the residency: _____
 Total request from Delaware Division of the Arts: _____

Authorization (Be sure to affix required signatures)

I do hereby certify that the board of directors of this organization has given formal approval for submission of this application and that all figures, facts, and representations made in this application are true and correct to the best of my knowledge. Submission of the application signifies intention of compliance with all guidelines and restrictions imposed by the Delaware Division of the Arts, a state agency, and the National Endowment for the Arts (NEA), a federal agency. I acknowledge that I have reviewed a copy of the *Delaware Division of the Arts Grantee Responsibilities* and the *National Endowment for the Arts Requirements for Subgrant Recipients* (www.artsdel.org/grants). This organization will comply with Title VI of the 1964 Civil Rights Act; the Drug Free Workplace Act of 1988, Title IX of the Education Amendment of 1972, the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, and Section 504 of the Rehabilitation Act of 1973. I also certify that any funds received with this application will not be used for lobbying and will be expended for the project described, and I understand that the organization may be precluded from future DDOA funding if I fail to submit a final report at the conclusion of the grant period.

Signature of person completing application

Signature of school principal/organization director

Print name

Print name

Date

Date

For Office Use

Director, Delaware Division of the Arts

Funding Source