



**ARTS RESIDENCIES
Grant Amount Worksheet for ALL DISCIPLINES**

FOR MSAC USE ONLY.

ASA Grant Number _____
AAA Grant Number _____
Total Grant Amount \$ _____

ALL FIELDS MUST BE FILLED OUT

Artist-Name
School/Site-Name

**IN THE SPACES BELOW, LIST THE DATES OF SERVICE AND # OF SESSIONS PER DAY.
MAKE SURE TO INCLUDE ORIENTATION, PLANNING, AND EVALUATION MEETINGS**

	Date	No./Type of Sessions* (see codes below)		Date	No./Type of Sessions*(see codes below)
	Day 1			Day 17	
	Day 2			Day 18	
	Day 3			Day 19	
	Day 4			Day 20	
	Day 5			Day 21	
	Day 6			Day 22	
	Day 7			Day 23	
	Day 8			Day 24	
	Day 9			Day 25	
	Day 10			Day 26	
	Day 11			Day 27	
	Day 12			Day 28	
	Day 13			Day 29	
	Day 14			Day 30	
	Day 15			Day 31	
	Day 16			Total No. of Sessions	

*CG – Core Group, SP – Student Performance, PD – Professional Development,
PSC - Parent-Staff-Child, OR – Orientation, EV – Evaluation, PL - planning

ARTS RESIDENCY BUDGET

Orientation Meeting, Planning, and Evaluation Meeting (will be subtracted from number of sessions above)	\$180.00
PERFORMING ARTISTS ONLY Total Cost of Professional Performance(s)	\$
Total Cost of Workshop Sessions @ \$60 per session	\$
Total Cost of Travel Expenses (Refer to grant application)	\$
TOTAL COST OF PROGRAM*	\$

**The total cost of the program may not exceed the amount listed on the Artists-in-Residence Program Applications List.*

EVALUATION OF RESIDENCY COMPONENTS – MUST BE FILLED OUT

Residency Components	Excellent	Very Good	Good	Adequate	Inadequate
Orientation meeting	5	4	3	2	1
Student response	5	4	3	2	1
School administration support	5	4	3	2	1
Parent/community support	5	4	3	2	1
Space provided	5	4	3	2	1
Ordering of materials/supplies	5	4	3	2	1
Evaluation meeting	5	4	3	2	1
Overall Rating	5	4	3	2	1

1. Describe the residency’s impact on you and your work as an artist.

2. Would you return to this school for future residencies? If not, why not?

ADDITIONAL COMMENTS (stand out moments/successes/feedback):

I certify that all information contained on this worksheet is true and accurate.

Signature _____ Date _____

Print Name _____ Title _____

**Your signature is required as this is your invoice to MSAC for services.
Mail to: Maryland State Arts Council, 175 W. Ostend Street, Suite E, Baltimore, MD 21230**