



2017-18 Arts Services and Fees Form

The teaching artist and the school should each retain a copy of this completed form and send another copy to Young Audiences. Submission of this form, the residency schedule, and residency plan is required before any invoices will be generated.

Please submit this form at least 14 days before the program begins.

Teaching Artist Name: _____ Date of Planning Meeting(s): _____

School Name: _____ District: _____

CONTACT INFORMATION

School Contact Name: _____

School Contact Phone: _____ School Contact Email: _____

Arts Provider Phone: _____ Arts Provider Email: _____

SCHEDULING INFORMATION

Date of first in-class programming: _____ Date of last in-class programming: _____



A Residency Schedule spreadsheet **must** be submitted by email to josephine@ya-or.org with the details for all classroom sessions before this contract can be processed and payments scheduled. Please email the file (format: Google Sheet or Excel) or send a link to the file.

Save and edit your own copy here: <https://goo.gl/dqhJ16>

PROGRAMMING INFORMATION

Grade level(s): _____ Number of classrooms: _____ Total number of students served: _____

Number of sessions per classroom: _____ Length of session: _____

Discipline: Music Dance Visual Arts Theatre Media Arts Literary Arts

Big Idea/Curricular Connection: _____

More details about this program:

VOLUNTEERS*

*Teaching Artist understands that school volunteer hours cannot be guaranteed, thus they cannot be part of their residency budget to offset costs to the school.

School volunteers are needed

How many? _____

Which dates?: _____

Right Brain volunteers are needed

How many? _____

Which dates?: _____

Volunteer responsibilities:

| |
|--|
| |
|--|

ESTIMATED SUPPLY NEEDS

Use these tables to determine the materials needed and their estimated cost, as well as any other estimated costs. Estimated costs will be paid separately upon receipt of the *Actual Costs Invoice* and receipt copies (for supplies) from the Arts Provider.

This invoice is due **no later than 14 days** after the last program date (for supplies and other costs) and in no event later than **June 20, 2018**. **Actual costs cannot exceed estimated costs without the principal's signature**. Please note that the Reflection Meeting fee will also be invoiced on this form and must be submitted within 14 days of the meeting.

| Materials Needed | School will Supply (check below) | Arts Provider will Purchase | |
|------------------|----------------------------------|-----------------------------|------|
| | | Quantity | Cost |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

OTHER ESTIMATED COSTS

| Description | Cost |
|-------------|------|
| | |
| | |
| | |
| | |

Estimated Total (add to line below): \$ _____

PROGRAM COSTS

Planning Meeting: Number of Meetings: _____ **Total Fee:** \$ _____
Prep Time (if applicable): Number of Hours: _____ **Total Fee:** \$ _____

Fee for Residency Sessions: _____ (# of classes) x _____ (sessions/class) x \$ _____ (cost/session)= \$ _____

Artist-Led Teacher Workshop/Professional Development: Date(s): _____ \$ _____

Artist Time for Culminating Student Event Date(s): _____ \$ _____
(gallery walk, student performance, etc.)

Assembly Performance by Artist for Students (as introduction to art form) \$ _____

1st Performance Date: _____ Time: _____ Grade(s): _____

2nd Performance Date: _____ Time: _____ Grade(s): _____

FIXED COSTS

Travel Costs: \$ _____

Kiln/Firing Services: \$ _____

Instrument Rental: \$ _____

Equipment Use: \$ _____

Media Editing/Copying/Uploading Fees: \$ _____

Materials Preparation Fee: \$ _____

Other Cost: _____ \$ _____

Other Cost: _____ \$ _____

ESTIMATED COSTS

To be invoiced by the artist at a later date on an **Actual Costs Invoice**

Estimated Supply Costs (from page 2): \$ _____

Estimated Other Costs (from page 2): \$ _____

Reflection Meeting Fee (please see School or Teaching Artist manual for due date & policies): \$ _____

ESTIMATED TOTAL COST

\$ _____

CANCELLATION BY SCHOOL

Cancelling within 30 days of a residency start date is subject to a \$50 cancellation fee plus the costs of the planning meeting, completed prep hours, and any supplies that have been purchased. Cancelling within 15 days of a residency start date is subject to full payment for the planning meeting, prep hours, all classroom sessions and any purchased supplies. Rescheduling, if possible, is always preferable.

CONTRACT REVISION

If changes need to be made to this contract that will affect the **cost** or **dates** of this program, the teaching artist will fill out the **Contract Revision Form**, have the Principal sign the form (if cost increases), and then send it to Young Audiences. The invoices will be revised and new copies sent to the artist and school.

PROGRAM FUNDING



Before submitting this form, please confirm that the Estimated Total Cost will not overdraw the school's Right Brain account. Overages may result in a processing and/or artist payment delay.

You may choose a pre-approved option below, if an overage happens.

A. **Use funds from the school's Run for the Arts account.** By initialing here you indicate that you understand that your Run for the Arts account will be debited for the amount not covered by your Right Brain fund and you will be billed for any amount not covered by those funds by the Artist/Arts Organization: _____ (principal initials here)

B. **The school has other funding available.** By initialing here you indicate that you understand that you will be billed for any amount over your available Right Brain funds by the Artist/Arts Organization: _____ (principal initials here)

Other funding instructions:

SIGNATURES

By signing this document, artist and school agree to carry out the programming as described above and in the Residency Plan. Both signatures are required.

Teaching Artist's Signature

Date

Principal's Signature

Date

Email **School Invoice** to: _____

SUBMIT COMPLETED FORM TO:

Young Audiences | 1220 SW Morrison Street, Suite 1000, Portland, OR 97205 | 503-225-5900
Fax: 503-225-0953 (please confirm receipt) | Scan and email: josephine@ya-or.org