



2016-17 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 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/qlcFWS>

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:

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: \$ _____

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

Assembly performance for students (as introduction to art form) \$ _____

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

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

Travel Costs: \$ _____

Kiln/Firing Services: \$ _____

Instrument Rental: \$ _____

Equipment Use: \$ _____

Media Editing/Copying/Uploading Fees: \$ _____

Materials Preparation Fee: \$ _____

Other Cost: _____ \$ _____

Other Cost: _____ \$ _____

TO BE INVOICED BY THE ARTIST AT A LATER DATE (SUPPLY/REFLECTION MEETING INVOICE)

Estimated Supply and Other Costs (from above): \$ _____

Reflection Meeting Fee (please see School and Teaching Artist manuals for 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 overall **length** of this program, the teaching artist will fill out the **Contract Revision Form**, have the contract signer 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 site.

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.

School staff, please choose a pre-approved option below, if an overage happens:

- Use funds from the school's **Run for the Arts** account
- The school has additional funding available (discretionary fund, PTA, etc.)
- No additional funding is available, please notify the school and artist immediately

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, Ste 1000 · Portland, OR 97205 · Fax: 503-225-0953 ·
josephine@ya-or.org