



# 2018-19 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 the contact at the bottom of this form. 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: \_\_\_\_\_

Teaching Artist Phone: \_\_\_\_\_ Teaching Artist 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 [kstrelchun@therighbraininitiative.org](mailto:kstrelchun@therighbraininitiative.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/dghJ16>

## 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/time?: \_\_\_\_\_

Right Brain volunteers are needed

How many? \_\_\_\_\_

Which dates/time?: \_\_\_\_\_

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 Teaching Artist.

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 19, 2019**. **Actual costs cannot exceed estimated costs without the principal's signature.**

Materials Needed (attach additional page if needed)	School will Supply (check below, do not add to total)	Teaching Artist will Purchase	
		Quantity	Cost

**Estimated Supply Needs Total** (add to Estimate Costs section on page 3): \$ \_\_\_\_\_

**OTHER ESTIMATED COSTS**

Description	Cost

**Other Estimated Costs Total** (add to Estimate Costs section on page 3): \$ \_\_\_\_\_

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**PROGRAM COSTS**

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**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): \_\_\_\_\_

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**FIXED COSTS**

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**Travel Costs:** \$ \_\_\_\_\_

**Kiln/Firing Services:** \$ \_\_\_\_\_

**Instrument Rental:** \$ \_\_\_\_\_

**Equipment Use:** \$ \_\_\_\_\_

**Media Editing/Copying/Uploading Fees:** \$ \_\_\_\_\_

**Materials Preparation Fee:** \$ \_\_\_\_\_

**Other Cost:** \_\_\_\_\_ \$ \_\_\_\_\_

**Other Cost:** \_\_\_\_\_ \$ \_\_\_\_\_

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**ESTIMATED COSTS**

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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):** \$ \_\_\_\_\_

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**ESTIMATED TOTAL COST**

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\$ \_\_\_\_\_

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**CANCELLATION BY SCHOOL**

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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.

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**CONTRACT REVISION**

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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 the contact at the bottom of this form. The invoices will be revised and new copies sent to the artist and school.

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**BUDGET- PRINCIPALS ONLY**

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Right Brain Starting Balance:	\$ _____
Additional Funds	+ \$ _____
Estimated Total Cost	- \$ _____
Remaining Funds	= \$ _____

**\*Principals:** We recommend you confirm your current balance with your Arts Integration Specialist before signing and returning this document.

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**SIGNATURES**

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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- **DO NOT SIGN WITHOUT COMPLETING BUDGET SECTION ABOVE**

\_\_\_\_\_  
Date

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**INVOICING**

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Email **School Invoice** to: \_\_\_\_\_

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**SUBMIT COMPLETED FORM TO:**

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Young Audiences | 1220 SW Morrison Street, Suite 1000, Portland, OR 97205 | 503-225-5900  
Scan and email to Kim Strelchun: [kstrelchun@therightbraininitiative.org](mailto:kstrelchun@therightbraininitiative.org)