



2019-20 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@therightbraininitiative.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 COSTS

Use this table to any estimated costs for this program Estimated costs will be paid separately upon receipt of the *Actual Costs Invoice* from the Teaching Artist.

The Actual Costs invoice is due **no later than 14 days** after the last program date and in no event later than **June 24, 2020**. **Actual costs cannot exceed estimated costs without the principal's signature.**

ESTIMATED COSTS

Description	Cost

Estimated Costs Total (add to Estimate Costs section on page 3): \$ _____

SCHOOL WILL SUPPLY OR PURCHASE (DO NOT ADD ANY COSTS DESCRIBED HERE TO YOUR TOTAL)¹

¹ For any purchased items, school should submit a School Supply Reimbursement Form with receipts to kstrelchun@therightbraininitiative.org to initiate payment

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): _____

SUBTOTAL: \$ _____

FIXED COSTS

Travel Costs: \$ _____

Kiln/Firing Services: \$ _____

Instrument Rental: \$ _____

Equipment Use: \$ _____

Media Editing/Copying/Uploading Fees: \$ _____

Materials Preparation Fee: \$ _____

Other Cost: _____ \$ _____

Other Cost: _____ \$ _____

SUBTOTAL: \$ _____

ESTIMATED COSTS

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

Estimated Costs (from page 2): **SUBTOTAL:** \$ _____

ESTIMATED TOTAL COST

TOTAL: \$ _____

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.

INCLEMENT WEATHER

If the school closes for inclement weather, the Principal will contact the Teaching Artist. Likewise, the teaching artist will contact the Principal if they cannot safely travel to the school. Both the school and the teaching artist will do their best to make up all sessions impacted by inclement weather and notify Kim Strelchun about any schedule changes.

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

BUDGET- PRINCIPALS ONLY

Right Brain Current Balance:	\$ _____
Additional Funds (PTA, Discretionary Funds, etc.)	+ \$ _____
Estimated Total Cost of this Program	- \$ _____
Remaining Funds	= \$ _____

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

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

Date

INVOICING

Email **School Invoice** to: _____

SUBMIT COMPLETED FORM TO:

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