The Right Brain Initiative
Budget Planning Sheet

This form is for school planning purposes. Your Arts Integration Leadership Team and/or Administrator should complete the form before scheduling a residency. If you have any questions, please contact your Arts Integration Coach.

School Name:		
Total Right Brain Funds:		*This amount is based on student enrollment plus any carry over funds from the previous year.*

Estimated Breakdown of Funds
As of _____ (today's date)

SECTION 1: ARTS PROVIDER INFORMATION
These numbers are estimates you'll want to get as you talk with artists and organizations to help ensure you are working within your allocated funds.

Arts Provider (include program name if applicable)	**Grade(s)/ Number of Classes**	**Number of Sessions per Classroom**	**Session Fees**	**Planning and Reflection Meeting Fees**	**Prep or Follow-up Fees**	**Estimated Supply Costs**	**Travel Expenses**	**TOTALS**