INSTRUCTIONS

This form and supporting documents should be submitted at least 2 weeks prior to a program’s start date (if applicable) and in no event later than June 23, 2021. Only use for 2020-21 school year expenses. A confirmation invoice will be sent to the school after processing.

CHECK DETAILS

Make check payable to: Community Artist

Mail check to: 123 Main Street, Portland OR 97205

Check Amount: $1000

TYPE

Choose One:

☐ Non-Roster Arts Program (A)

☐ Arts Supplies (B)

☐ Arts Services or Transportation (C)

☐ Professional Development (D)

Any arts program (e.g. performance, residency, museum visit) that is not listed on Young Audiences’ website. Services must be for and include students (i.e. funds cannot be used to commission artwork from an artist).

All expenses must be intended for use in an arts experience for students (e.g. clay, sheet music, watercolor sets, marimbas, a kiln, cameras, etc.).

Payments to vendors that indirectly benefit the arts experiences of students (e.g. piano tuning, kiln repair, bus to symphony, rights to a play, etc.).

Payment for teacher PD in the arts (only if program is intended to directly strengthen the arts experience of students).

PAYMENT AND AUTHORIZATION:

The signature below authorizes Young Audiences to make a deduction from the school’s Run for the Arts account to pay for this programming or expense that is equal to the amount described above plus a 10% processing fee (Section A) or 5% processing fee (Section B & C). Artists will be paid according to the schedule detailed in the Statement of Fiscal Procedures.

Principal’s Signature: ____________________________ Date: ________________

School Name: Example School District: ________________

Person to contact with questions: Joan Smith Email: jsmith@exampleschool.org

Email school confirmation invoice to: secretary@exampleschool.org

Please complete Section A, B, C, or D on the next page

PURPOSE

Describe how the program, arts service or purchase will enhance the arts experiences of students:

Community Artist will do a 4 session marimba residency with each 3rd and 4th grade class. Students will be introduced to a new instrument and compose a theme for a character in the book they are reading.
**SECTION A**

**Non-Roster Arts Program**

If the check will go to the artist, also ask them for:
- [ ] an invoice that details their services and total fee
- [ ] an IRS W-9, if not on file with YA (call to confirm if unsure)
- [ ] a signed Statement of Fiscal Procedures (only needs to be submitted by an individual artist once per school year)

If the school already paid artist:
- [ ] Submit a copy of your check and their invoice with this form

<table>
<thead>
<tr>
<th>Artist Name: Community Artist</th>
<th>Artistic Discipline: Music</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Date*: 10/1/20</td>
<td>Grade Level(s): 3-4</td>
</tr>
<tr>
<td>End Date: 10/15/20</td>
<td>Total Number of Students: 156</td>
</tr>
</tbody>
</table>

**Type of Program:**
- [ ] Assembly/Performance:
- [x] Residency/Workshop:

Number of Performances by Artist (not students): ______

# Classrooms/Groups: ______ x Sessions per Group: ______ = Total Sessions: ______

* Payment to Organizations is made on the pay date closest to the due date on their invoice or the first pay date after the program ends, if not stated. Payments to individual artists are based on the length of the program. More info here: https://www.ya-or.org/run-for-the-arts/forms

**SECTION B**

**Arts Supplies**

Itemized receipts/invoices (not order forms) are required for each item listed. Please send copies, not originals. If the invoices/receipts have clear descriptions, you don’t need to re-write them in full below. Just write one receipt and the total per line.

<table>
<thead>
<tr>
<th>Description/Vendor</th>
<th>Quantity</th>
<th>Cost per Item</th>
<th>Item Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</table>

Total:

**SECTION C**

**Arts Services or Transportation**

Please include their invoice with this form. Payments to individuals for services also require a W-9.

Description of Expense: ____________________________________________

**SECTION D**

**Professional Development**

Please include their invoice and a W-9 with this form.

Start Date: _____________  End Date: ______________  Number of Teachers Participating: ________________

Brief Description: ____________________________________________

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**PLEASE RETURN THIS FORM AND ADDITIONAL DOCUMENTS TO YOUNG AUDIENCES**

1220 SW Morrison Street, Suite 1000, Portland, OR 97205 | Scan & Email: josephine@ya-or.org