

# Creative Aging in America's Libraries

Project Planning Form



## I. COVER PAGE – to be completed collaboratively

### A. Library Information

Library System <i>(Please list the full name, no abbreviations)</i>		
Library Name		
Address Line 1		Address Line 2
City	State	Zip Code
Library Program Coordinator Name		
Library Program Coordinator Title		
Phone Number <i>(xxx-xxx-xxxx)</i>	Extension	E-mail

### B. Teaching Artist Information

Name		
Address Line 1		Address Line 2
City	State	Zip Code
Phone Number <i>(xxx-xxx-xxxx)</i>	E-mail	

### C. Program Title

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### D. Workshop Schedule

Workshop Dates <i>(use the following format: May 10, 17, 24, 31; June 7, 14, 21, 2015)(Do not include the date of the Culminating Event)</i>	
Workshop Times <i>(use the following format: 11:00am – 1:00pm)</i>	Workshop Day(s) of the Week <i>(check all that apply)</i> <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
Culminating Event Date(s) <i>(use the following format: June 28, 2015)</i>	
Culminating Event Time(s) <i>(use the following format: 11:00am – 1:00pm)</i>	Culminating Event Day(s) of the Week <i>(check all that apply)</i> <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun

**II. PROJECT OVERVIEW** – *to be completed collaboratively*

- A. How many workshop sessions will make up this series? \_\_\_\_\_ Sessions
- B. What is the duration of each workshop session? \_\_\_\_\_ Hours
- C. How many total participants will the workshop accommodate? \_\_\_\_\_ Participants
- D. In one to two paragraphs, describe the proposed project:

- E. Please provide a description of the culminating event and plans for promotion:

**III. PROJECT NARRATIVE – *to be completed by the Library Program Coordinator***

**A. Why did you select this particular art form? Did you distribute and collect the Patron Survey?**

**B. Describe your process and rationale for engaging the teaching artist(s).**

**C. Attach the teaching artist(s) resume(s) with this form via e-mail.**

*If the teaching artist is listed on the Creative Aging Roster, a resume is not required.*

**D. What library staff (library program coordinator) will oversee this project? Describe her/his responsibilities.**

**E. If the workshops take place in a location other than the library, please complete, sign and attach an Affiliate-Organization Partnership Agreement If needed, a [partnership agreement template](#) has been developed for your use.**

**F. Please describe the room(s) that will be used for the workshops and the culminating event. Are they accessible for persons with disabilities?**

**G. How and where will you recruit participants for this workshop?**

**H. Does the library have any special collections or resources (media, reference materials, books, space), that can be employed by the artist to enhance the instruction? How will you facilitate access to these resources for the artist?**

**IV. CURRICULUM DESCRIPTION – *to be completed by the Teaching Artist***

**A. What will the participants know and be able to do as a result of taking part in this workshop series? Include specific art-making skills, techniques, or knowledge.**

**B. What opportunities and/or activities will be included in the workshop sessions to promote meaningful social engagement? *Such as: small group work, group critiques, and/or warm-up exercises.***

**C. For collaboration between two artists only. Describe the planning and execution between the two artists and define the role each artist will play.**

Second Teaching Artist Name		
Address Line 1		Address Line 2
City	State	Zip Code
Phone Number (xxx-xxx-xxxx)	E-mail	
Description of roles and responsibilities		

**D. Via e-mail, please attach a curriculum outline for your proposed project briefly describing learning activities and intentional social engagement opportunities taking place at each session. Keep in mind that there must be a minimum of 8 instructional sessions, plus a culminating event, and each session must be at least 2 hours in duration.**

**V. PROJECT BUDGET—** to be completed collaboratively

**Notes:**

- Allocations will average between **\$2,000 - \$3,000**.
- These sections will automatically calculate.

**A. Itemized Teaching Artist Fees**

Lead Teaching Artist	Hourly Rate	# of Hours	Sub-Total
i. Instruction .....			
ii. Planning/Prep .....			
iii. Culminating Event .....			
<b>Lead Teaching Artist Fees Total</b>			

Second Teaching Artist, <i>if applicable</i>	Hourly Rate	# of Hours	Sub-Total
iv. Instruction .....			
v. Planning/Prep .....			
vi. Culminating Event .....			
<b>Second Teaching Artist Fees Total</b>			

vii. **Total Teaching Artist Fees** .....

**B. Itemized Program Expenses**

Item and Description	Cost	Qty	Sub-Total

*for additional space, please use the following page...*





**C. Itemized In-Kind/Cost Share**

i. Goods and Services

Item and Description	Cost	Qty	Sub-Total
<b>Total Goods and Services:</b>			

ii. Income

Item and Description	Sub-Total
<b>Total Income:</b>	

iii. Space.....

Hourly Rate	# of Hours	Total

iv. **Total In-Kind/Cost Share** .....

**D. Project Budget Overview**

i. Project Budget	
Item	Amount
Teaching Artists Fees:	
Program Expenses:	
<b>Total Expenses:</b>	
<i>IncomeK</i>	
<b>Total Requested:</b>	

ii. In-Kind/Cost Share	
Item	Amount
Goods and ServicesK	
IncomeK	
Space:	
<b>Total Contribution:</b>	

## VI. ADDITIONAL INFORMATION & THOUGHTS

### HOW TO SUBMIT A COMPLETED PROJECT PLANNING FORM:

1. Save the completed application file:
  - a. Click File
  - b. Then, choose Save As>PDF
  - c. Name and save the file in the following format: *LibrarySystem\_LibraryName*
2. E-mail the application as an attachment:
  - a. Send a single e-mail to: [application@lifetimearts.org](mailto:application@lifetimearts.org)
  - b. Please copy (cc) the library system administrator.
  - c. Change the subject line to the following format: *Library System, Library Name*
  - d. Attach:
    - i. Completed Application File
    - ii. Teaching Artist Resume(s), if applicable
    - iii. Partnership Statement, if applicable
    - iv. Curriculum Outline
    - v. Any additional supplemental materials

### **Questions?**

For further information or assistance with this application, please contact Lifetime Arts at (914) 355-2304.