



THE CENTER FOR ARTS EDUCATION

Parents As Arts Partners Grant Program 2007-2008

**New
Shorter
Application!**

**COMPLETE THIS
APPLICATION ON YOUR
COMPUTER!** (Optional)

Please visit [www.cae-nyc.org/
pages/parents-as-arts-partners](http://www.cae-nyc.org/pages/parents-as-arts-partners)
to download a Word file of the
2007–2008 Grant Application that
allows you to type directly onto
the forms.

The Center for Arts Education (CAE) is pleased to announce its 2007–2008 *Parents As Arts Partners* (PAAP) Grant Program. CAE will award grants of up to \$3,000 to as many as 150 New York City public schools for the 2007–2008 school year.

The following pages outline the program and provide detailed instructions for completing the enclosed grant application. PAAP grants provide funds to schools—in collaboration with their partnering organizations—to develop programs that engage parents and/or families in hands-on, interactive arts education activities.

CAE's primary goal for the PAAP Grant Program is to encourage parents to become supporters of arts education in New York City public schools by providing quality arts learning experiences for parents and families. The program was initially created on the basis of research that demonstrated the positive impact of parental involvement on a child's success in school and the effectiveness of the arts as a means of cultivating that involvement.

The Center for Arts Education (CAE) is a not-for-profit organization committed to restoring, stimulating, and sustaining quality arts education as an essential part of every child's education. We create, identify, fund, and support exemplary partnerships and programs that demonstrate how the arts contribute to learning and student achievement. CAE is dedicated to influencing educational and fiscal policies that will support arts education in all of the City's public schools. Since its founding in 1996, CAE, led by Chairman Laurie M. Tisch, has awarded nearly \$40 million in private and public funding to support arts education partnerships and programs.

The Center for Arts Education is leading the charge to restore quality arts education for New York City's more than one million public school students and is working for all New Yorkers who want to live in a city with successful students, thriving schools, and neighborhoods enriched by arts and culture.

Major funding for the PAAP Grant Program is provided by The NYC Department of Cultural Affairs and The NYC Department of Education. Additional support is provided by Citigroup Foundation.

For more information on The Center for Arts Education, visit www.cae-nyc.org.

**POSTMARK
DEADLINES**

Friday, October 19, 2007: Intent to Apply Form POSTMARK DEADLINE
or HAND-DELIVERY BY 5:00 PM

Thursday, November 1, 2007: Grant Application POSTMARK DEADLINE
or HAND-DELIVERY BY 5:00 PM

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Parents As Arts Partners Grant Program 2007-2008

**A.
ELIGIBILITY
AND FUNDING
PRIORITY**

All K–12 New York City public schools are eligible to apply for the 2007–2008 PAAP Program, including: 1) schools currently or formerly funded by CAE that have satisfactorily complied with funding requirements and 2) NYCDOE-approved charter schools. **Each school may submit only one application.** Subdivisions of larger school communities such as mini-schools, academies, or houses are not eligible to apply independently of the larger school entity.

Partnering organizations may collaborate with more than one school. However, CAE expects that partnering organizations will customize their services to the particular needs of each school.

All other qualifications being equal, priority will be given to schools that have never received funding from The Center for Arts Education.

**B.
TIMELINE
FOR GRANT
PROGRAM**

Wednesday, October 3	Optional Pre-Application Seminar 4:30 – 6:30 PM At CAE: 225 West 34th Street, Suite 1112 (between 7th and 8th Avenues)
Thursday, October 11	Optional Pre-Application Seminar 4:30 – 6:30 PM At CAE: 225 West 34th Street, Suite 1112 (between 7th and 8th Avenues)
Monday, October 15	Optional Pre-Application Seminar 4:30 – 6:30 PM At CAE: 225 West 34th Street, Suite 1112 (between 7th and 8th Avenues)
➤ Friday, October 19	Intent to Apply Form POSTMARK DEADLINE or HAND-DELIVERY BY 5:00 PM
➤ Thursday, November 1	Grant Application POSTMARK DEADLINE or HAND-DELIVERY BY 5:00 PM
Wednesday, December 19	Award Notification Mail Date
➤ Wednesday, January 16, 2008	Revised Activity Timeline Forms and Grant Pay-Out Forms DUE
January 2008	Parents As Arts Partners Programs May Begin * <i>First-time grantees are encouraged to plan programs that begin in February!</i>
Thursday, January 31	REQUIRED FULL-DAY Grantee Orientation for PAAP Program Contacts: 9:30 AM – 4:30 PM Disbursement of Grant Funds Begins
➤ Friday, July 11	Year-End Report POSTMARK DEADLINE or HAND-DELIVERY BY 5:00 PM

Need help? Visit
[www.cae-nyc.org/pages/
paap-resources](http://www.cae-nyc.org/pages/paap-resources) for tips!



Parents As Arts Partners Grant Program 2007-2008

PART II: Intent to Apply Form

THE CENTER FOR ARTS EDUCATION

POSTMARK DEADLINE: FRIDAY, OCTOBER 19, 2007

☛ REMINDERS:

- Schools planning to apply for a Parents As Arts Partners grant **MUST** return this form to The Center for Arts Education by the **POSTMARK DEADLINE** of Friday, October 19, 2007, or hand-deliver to CAE by 5:00 PM on that date.
- A school is free to choose **not** to apply after submitting this Intent to Apply Form. However, for its application to be eligible for consideration, a school **MUST** submit this form.

Type or print legibly. **DO NOT RE-CREATE THIS FORM ON YOUR COMPUTER.**

NOTE: If you prefer to complete this application on your computer, please visit www.cae-nyc.org/pages/parents-as-arts-partners to download a Word file of the 2007–2008 Grant Application that allows you to type directly onto the forms.

NOTE ABOUT POSTMARKS: Generally, LATE or INCOMPLETE FORMS will not be accepted. CAE is not responsible for forms lost in the mail. In such cases, CAE requires official proof of mailing. **We suggest you send the Intent to Apply Form by certified mail, as CAE WILL NOT CONFIRM RECEIPT of your Intent to Apply Form.**

SCHOOL NUMBER / FULL NAME:

SCHOOL MAILING ADDRESS:

CITY:

ZIP CODE:

BOROUGH:

NAME OF NEIGHBORHOOD:

CITY COUNCIL DISTRICT #:

DISTRICT #:

GRADES:

OF STUDENTS:

SCHOOL PHONE:

SCHOOL FAX:

PRINCIPAL NAME:

SCHOOL-BASED PAAP PROGRAM CONTACT NAME: *(Program Contact may be a classroom teacher, Parent Coordinator, PTA member, arts specialist, or other appropriate school-based person)*

SCHOOL-BASED PAAP PROGRAM CONTACT TITLE/ROLE:

SCHOOL-BASED PAAP PROGRAM CONTACT PHONE:

SCHOOL-BASED PAAP PROGRAM CONTACT E-MAIL EQUIPPED TO RECEIVE ATTACHMENTS (REQUIRED):

IF A FIRST-TIME APPLICANT, HOW DID YOU HEAR ABOUT THE GRANT? Mail CAE web site Colleague
 UFT Teacher Center web site Other *(please specify):*

Please list up to three names of cultural institutions, community-based agencies, and/or arts organizations with which the school plans to collaborate *(may be tentative and subject to change):*

RETURN THIS FORM TO: The Center for Arts Education
ATTN: Parents As Arts Partners Program
225 West 34th Street, Suite 1112
(between 7th and 8th Avenues)
New York, NY 10122

Need help? Visit
www.cae-nyc.org/pages/paap-resources for tips!

• **NO FAXES – NO E-MAILS**



Parents As Arts Partners Grant Program 2007-2008

PART III: Grant Application Cover Page

MAILING INSTRUCTIONS:

- Be sure the school number/full name appears on each page.
- ATTACH THIS COVER PAGE, as a checklist, to the original and to each copy of the application.
- Please provide 10 (ten) COMPLETE applications—the original plus 9 (nine) copies.
- Each copy MUST *include all items in the order listed below*.
- CHECK each item below to be certain the application is complete. Generally, incomplete applications will not be reviewed.
- DO NOT include supplementary materials that have not been requested.
- STAPLE each copy of the application.
- DO NOT bind or otherwise place the application in a folder or binder.

DON'T FORGET! ➡

SCHOOL NUMBER / FULL NAME:

ITEMS (number of possible points out of 100)	PAGE NUMBERS	COMPLETE?
■ Grant Application Cover Page, PART III	3	<input type="checkbox"/>
■ School Information, PART IV: Sections A–G (10 points)	4–9	<input type="checkbox"/>
■ Program Summary, PART IV: Section H (35 points)	10–11	<input type="checkbox"/>
■ Program Budget Form, PART IV: Section I (20 points)	12	<input type="checkbox"/>
■ Activity Timeline Forms, PART IV: Section J (20 points)	13	<input type="checkbox"/>
■ Required Attachments, PART IV: Section K	14	<input type="checkbox"/>
– Letter(s) of Commitment from partnering organization(s) (15 points)		<input type="checkbox"/>
– Stamped #10 business-size envelope, self-addressed to PAAP Program Contact		<input type="checkbox"/>
■ 10 (ten) complete applications—original plus 9 (nine) copies		<input type="checkbox"/>

- Please submit to CAE 10 (ten) complete applications—the original plus 9 (nine) copies.
- Must be **POSTMARKED** by Thursday, **NOVEMBER 1, 2007**, or **HAND-DELIVERED BY 5:00 PM** to:

The Center for Arts Education
ATTN: Parents As Arts Partners Program
225 West 34th Street, Suite 1112 (between 7th and 8th Avenues)
New York, NY 10122

NO FAXES OR E-MAILS WILL BE ACCEPTED

NOTE: **If you mail the application**, please be certain that the **POSTMARK** is *November 1, 2007, or earlier*. CAE is not responsible for applications lost in the mail. In such cases, CAE requires official proof of mailing. **We suggest you send the application by certified mail. Generally, late or incomplete applications will not be reviewed.**



Parents As Arts Partners Grant Program 2007-2008

THE CENTER FOR ARTS EDUCATION

PART IV: Grant Application

(Sections A–G: 10 out of 100 points)

A. GENERAL INFORMATION

Type or print legibly. DO NOT RE-CREATE FORMS ON YOUR COMPUTER.

NOTE: If you prefer to complete this application on your computer, please visit www.cae-nyc.org/pages/parents-as-arts-partners to download a Word file of the 2007–2008 Grant Application that allows you to type directly onto the forms.

SCHOOL NUMBER / FULL NAME:

SCHOOL MAILING ADDRESS:

CITY:

ZIP CODE:

BOROUGH:

NAME OF NEIGHBORHOOD:

CITY COUNCIL DISTRICT #:

DISTRICT #:

GRADES:

TOTAL NUMBER OF STUDENTS:

NUMBER OF YEARS SCHOOL HAS BEEN OPEN: 0–1 Year 2–5 Years 6 or More Years

SCHOOL PHONE:

SCHOOL FAX:

PRINCIPAL NAME:

PRINCIPAL E-MAIL:

TOTAL NUMBER OF PROPOSED PROGRAM ACTIVITIES:

ART FORM(S) INCLUDED IN YOUR PROPOSED PROGRAM (please check all that apply and/or specify "other"):

Music Dance Theater Visual Art Other: _____

B. CONTACT INFORMATION

PAAP PROGRAM CONTACT NAME:

(Program Contact may be a classroom teacher, Parent Coordinator, PTA member, arts specialist, or other appropriate school-based person)

TITLE/ROLE:

PHONE:

ALTERNATE PHONE:

E-MAIL EQUIPPED TO RECEIVE ATTACHMENTS (REQUIRED):

PTA/PA PRESIDENT NAME:

PHONE:

E-MAIL EQUIPPED TO RECEIVE ATTACHMENTS (REQUIRED):

PARENT COORDINATOR NAME:

PHONE:

E-MAIL EQUIPPED TO RECEIVE ATTACHMENTS (REQUIRED):

IF YOUR SCHOOL WAS AWARDED A 2006–2007 PAAP GRANT, WERE YOU THE PROGRAM CONTACT? Yes No

IF A FIRST-TIME APPLICANT, HOW DID YOU HEAR ABOUT THE GRANT? Mail CAE web site Colleague
 UFT Teacher Center web site Other (please specify): _____

WHICH RESOURCES DID YOUR SCHOOL TEAM USE TO ASSIST YOU WITH THE APPLICATION?

Pre-Application Seminar "Putting Your Parents Arts Program Together: Five Simple Steps"
 CAE web site resources Other (please specify): _____


Need help? Visit www.cae-nyc.org/pages/paap-resources for tips!

**C.
PARTNERING
ORGANIZATIONS**

Provide the contact information for each partnering organization; that is, organizations that will be paid out of PAAP grant funds for services rendered. (You may choose to work with just one organization, but no more than three.)
NOTE: There must be a corresponding Letter of Commitment from each partnering organization listed below.

DON'T FORGET! 

SCHOOL NUMBER / FULL NAME:

 **NOTE:**
One is enough, but no more than three partnering organizations!

1	ORGANIZATION NAME: _____ EXECUTIVE DIRECTOR NAME: _____ PRIMARY CONTACT NAME AND TITLE: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: _____ FAX: _____ E-MAIL: _____
2	ORGANIZATION NAME: _____ EXECUTIVE DIRECTOR NAME: _____ PRIMARY CONTACT NAME AND TITLE: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: _____ FAX: _____ E-MAIL: _____
3	ORGANIZATION NAME: _____ EXECUTIVE DIRECTOR NAME: _____ PRIMARY CONTACT NAME AND TITLE: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: _____ FAX: _____ E-MAIL: _____

ADDITIONAL ORGANIZATIONS

List the *full name only* of each arts organization, cultural institution, or community-based agency that will be contributing to your PAAP program but **WILL NOT BE PAID OUT OF PAAP GRANT FUNDS. Letters of Commitment from the organizations listed below are NOT REQUIRED.**

1. _____
2. _____
3. _____

Need help? Visit
www.cae-nyc.org/pages/paap-resources for tips!



DON'T FORGET!
SCHOOL NUMBER / FULL NAME:

D.
**SCHOOL AND
STUDENT BODY
INFORMATION**

(FOR CAE'S
INFORMATIONAL
PURPOSES ONLY)

TOTAL NUMBER OF TEACHERS:

TOTAL NUMBER OF STUDENTS:

TOTAL NUMBER OF SPECIAL EDUCATION STUDENTS:

PLEASE LIST THE SPECIAL NEEDS CLASSIFICATIONS OF YOUR STUDENTS:

% OF STUDENTS ELIGIBLE FOR FREE LUNCH:

PLEASE CHECK THE TYPE OF SCHOOL SUPPORT ORGANIZATION YOUR SCHOOL HAS CHOSEN:

- | | |
|--|--|
| <input type="checkbox"/> Empowerment Support Organization ESO | <input type="checkbox"/> CEI-PEA PSO |
| <input type="checkbox"/> Integrated Curriculum and Instruction LSO | <input type="checkbox"/> Replications PSO |
| <input type="checkbox"/> Community LSO | <input type="checkbox"/> CUNY PSO |
| <input type="checkbox"/> Leadership LSO | <input type="checkbox"/> Fordham PSO |
| <input type="checkbox"/> Knowledge Network LSO | <input type="checkbox"/> Academy for Educational Development PSO |
| <input type="checkbox"/> New Visions for Public Schools PSO | |

PLEASE CHECK ALL OF THE FOLLOWING THAT DESCRIBE YOUR SCHOOL:

- | | |
|--|---|
| <input type="checkbox"/> A magnet school | <input type="checkbox"/> Divided into mini-schools |
| <input type="checkbox"/> An educational options school | <input type="checkbox"/> Organized around a theme or themes |
| <input type="checkbox"/> An alternative school | <input type="checkbox"/> A school in need of improvement |
| <input type="checkbox"/> A Title I school | <input type="checkbox"/> A NYCDOE-approved charter school |
| <input type="checkbox"/> A school in need of corrective action | <input type="checkbox"/> Another kind of specialized school |

If you checked *Another kind of specialized school* please explain:

THREE PRIMARY LANGUAGES SPOKEN BY STUDENT POPULATION (INCLUDING ENGLISH):



DON'T FORGET!
 SCHOOL NUMBER / FULL NAME:

E.
ARTS
EDUCATION
INVENTORY
 (FOR CAE'S
 INFORMATIONAL
 PURPOSES ONLY)

Please list the certified arts specialists (arts teachers) on the school's staff:

NAME (FIRST / LAST)	ARTS DISCIPLINE	FULL-TIME OR PART-TIME?	GRADES SERVED

Please check all of the following arts education activities and programs that are currently taking place in the school:

- DANCE RESIDENCIES Grade(s) served: _____
- THEATER RESIDENCIES Grade(s) served: _____
- OTHER RESIDENCIES Grade(s) served: _____
Specify Other: _____
- MUSIC RESIDENCIES Grade(s) served: _____
- VISUAL ART RESIDENCIES Grade(s) served: _____
- OTHER RESIDENCIES Grade(s) served: _____
Specify Other: _____

ARTS INTEGRATION BY CLASSROOM TEACHERS

- ENGLISH LANGUAGE ARTS Grade(s) served: _____
- SCIENCE Grade(s) served: _____
- OTHER Grade(s) served: _____
Specify Other: _____
- MATH Grade(s) served: _____
- SOCIAL STUDIES Grade(s) served: _____
- OTHER Grade(s) served: _____
Specify Other: _____

ARTS-RELATED PROFESSIONAL DEVELOPMENT FOR TEACHERS (please describe):

ASSEMBLY PROGRAMS (please specify):

ARTS ACTIVITIES /EVENTS FOR PARENTS (please specify):

OTHER (please specify):



DON'T FORGET!
SCHOOL NUMBER / FULL NAME:

F.
PARENTAL INVOLVEMENT
(FOR CAE'S INFORMATIONAL PURPOSES ONLY)

What is the current level of parent participation at your school for the following types of events?

Please check the appropriate answers below.

Parent / teacher conferences: 0–10% 10–25% 25–50% more than 50%

Back-to-school night / open house: 0–10% 10–25% 25–50% more than 50%

School assemblies: 0–10% 10–25% 25–50% more than 50%

PTA / PA meetings: 0–10% 10–25% 25–50% more than 50%

Volunteering (in classrooms, field trips, as part of committee, etc.):

0–10% 10–25% 25–50% more than 50%

Arts education activities (arts residencies, field trips, assemblies, etc.):

0–10% 10–25% 25–50% more than 50%

Overall, how would you rate parent participation at your school?

1 (rare, needs improvement) 2 3 4 5 (strong, very active parents)

Please indicate the top three challenges your school encounters regarding parental involvement:

parent work conflicts child care issues transportation

language or cultural barriers distance from home to school

other(s)—please list: _____

Additional comments (if needed): _____

Please estimate the following (refer to numbers on your Activity Timeline Form - PART IV: Section J):

Total number of parents / guardians to benefit directly from proposed program: _____

Of the estimated number targeted for direct service by grant program, about how many are NOT currently active in your school? _____

Total number of students to benefit from proposed program: _____



DON'T FORGET!
SCHOOL NUMBER / FULL NAME:

G .
REQUIRED
SIGNATURES

The individuals listed below must sign this page acknowledging that they have read the grant application and agree to the Funding Requirements, Proposal Review Criteria, and Grantee Requirements. NYCDOE-approved charter schools should write "N/A" if the school does not have a Parent Coordinator. **NOTE: Either a certified classroom teacher or a certified school-based arts specialist must sign, not both!**

NAME	SIGNATURE
------	-----------

PAAP PROGRAM CONTACT:

PRINCIPAL:

PARENT COORDINATOR:

PTA / PA PRESIDENT:

CERTIFIED CLASSROOM TEACHER OR
CERTIFIED SCHOOL-BASED ARTS SPECIALIST:

ADDITIONAL *PARENT* MEMBERS OF PAAP PLANNING TEAM
(At least one—no more than three)

NAME	TITLE / ROLE	SIGNATURE
------	--------------	-----------

E-MAIL:

E-MAIL:

E-MAIL:



**H.
PROGRAM
SUMMARY**

(35 out of 100 points)

REMINDERS:

- CAE **will NOT fund** programs in which ALL of the proposed activities take place on a single day.
- CAE **will NOT fund** school-day residencies designed primarily for students or activities in which parents' participation is solely as audience members for student presentations/performances.

We encourage you to be brief. Please use ONLY the space provided.

1. **Why is your school applying for a PAAP grant?** _____

Which parents and/or families are you targeting for participation? For example, all seventh grade parents. _____

How many and which types of activities will program participants experience? For example, three songwriting workshops and one concert at XYZ Performing Arts Center.

2. **To which arts education component(s) outlined in PART IV: Section E does your proposed program connect?** For example, activities for parents/families may be related in theme and/or content to a third grade English Language Arts unit that reinforces writing skills through theater (arts integration), or to a tenth grade Visual Art unit on the creation of mixed media self-portraits (arts instruction).

3. **How will at least one proposed activity meet the PAAP program requirement of providing the opportunity for a teaching artist or arts administrator to make a brief presentation about his/her career path?** (REQUIRED: At least one activity must address CDOS Standard #1 – Career Development.)



DON'T FORGET!
SCHOOL NUMBER / FULL NAME:

**H.
PROGRAM
SUMMARY
(continued)**

4. **If your program primarily consists of in-school activities or workshops, how will it provide relevant information about the citywide arts and cultural community beyond the experiences with your partnering organization(s)?** For example, if your PAAP program consists exclusively of school-based puppet-making workshops led by your partnering organization, you may wish to ask your partner to help you compile information about professional puppet shows in New York City and/or obtain free passes for families to attend on their own.

REMINDERS:

- CAE **will NOT fund** programs in which ALL of the proposed activities take place on a single day.
- CAE **will NOT fund** school-day residencies designed primarily for students or activities in which parents' participation is solely as audience members for student presentations/performances.

How will you recruit less-active parents to participate in this program?

5. **If applicable, how are the additional organizations listed in PART IV: Section C contributing to your program?**

6. **Former Grantees Only:**

How is this proposed program building on successes and challenges of past PAAP programs?

To what degree have parents demonstrated increased awareness of the value of arts education and/or support for such programs? Please provide one to two examples.

I.
PROGRAM
BUDGET FORM
 (20 out of 100 points)

Type or print legibly. **DO NOT RE-CREATE THIS FORM ON YOUR COMPUTER.**

NOTE: If you prefer to complete this application on your computer, please visit www.cae-nyc.org/pages/parents-as-arts-partners to download a Word file of the 2007–2008 Grant Application that allows you to type directly onto the form.

SCHOOL NUMBER / FULL NAME:

DISTRICT #:

REMINDERS:

- Grant funds **CAN ONLY** be used for the items listed on this form!
- Grant funds **CANNOT** be used to pay teacher per-session or per-diem costs.

CATEGORY	PROJECTED BUDGET FOR GRANT FUNDS	NOTES / EXPLANATION (ATTACH SHEET IF NECESSARY)
I. Partnering Organizations (at least \$1,000 of grant) Explain which activities are covered. For example: <i>4 workshops @ \$250 each to cover Artist Fee and Materials</i>	\$	
II. Tickets/Admissions purchased separately by school and not included in partnering organization's fee (up to \$750)	\$	
III. Transportation	\$	
IV. Supplies & Materials purchased separately by school and not included in partnering organization's fee (up to \$450)	\$	
V. Refreshments	\$	
VI. Miscellaneous Services For example: <i>photocopies, child care, translation</i>	\$	
TOTAL (not to exceed \$3,000)	\$	

NOTE: Matching funds are not a funding requirement for the PAAP Program. The following is requested only for CAE's information.

Circle any of the following that you plan to use to supplement the proposed program. Please indicate the amount and which expenses will be covered. For example, per-session or substitute coverage for school-based PAAP Program Contact, participating classroom teachers, and/or arts specialists.

Title I	\$	Expenses covered:
PTA Funds	\$	Expenses covered:
General Fund	\$	Expenses covered:
Other:	\$	Expenses covered:
TOTAL ADDITIONAL FUNDS	\$	

Need help? Visit www.cae-nyc.org/pages/paap-resources for tips!

J.
ACTIVITY
TIMELINE FORM
(20 out of 100 points)

👉 Please add page numbers to each form in the space provided in the upper-right corner.



Remember to **list each activity on a separate form, even if it is part of a series.**

👉 **REMINDERS:**

- Schools that are first-time grantees are encouraged to plan their programs to begin in February in order to take advantage of resources provided at the required full-day Grantee Orientation on January 31.
- CAE **WILL NOT** fund programs that take place on a single day, school-day residencies designed exclusively for students, or activities in which parents' participation is solely as audience members for student presentations/performances.

Need help? Visit www.cae-nyc.org/pages/paap-resources for tips!

YOU MUST **PHOTOCOPY** THIS FORM BEFORE COMPLETING IT.

Type or print legibly. **DO NOT RE-CREATE THIS FORM ON YOUR COMPUTER.**

NOTE: If you prefer to complete this application on your computer, please visit www.cae-nyc.org/pages/parents-as-arts-partners to download a Word file of the 2007–2008 Grant Application that allows you to type directly onto the forms.

The information provided on the Activity Timeline Forms should be consistent with your Program Summary and Program Budget.

SCHOOL NUMBER / FULL NAME:

TYPE OF ACTIVITY:

Examples of activities that you should include: 1) a planning meeting with teaching artist; 2) a puppet-making workshop for seventh grade parents; 3) a visit to XYZ Museum.

BRIEF DESCRIPTION OF ACTIVITY:

Who will lead the activity (name, title, organization)?

What will participants do?

DATE: _____

TIME: _____

LOCATION: _____

REMINDER: Dates and times may be tentative, but please give a date and time (**DO NOT** write "TBD" or "TBA").

EXPECTED ATTENDANCE: If no attendees for a given category are expected, please write "0."

1) Number of Parents: _____

2) Number of Students: _____ *Grade level(s):* _____

3) Number of Teachers: _____ *Grade level(s):* _____

4) Number of Certified Arts Specialists: _____

5) Number of School Administrators: _____

6) Number of Artists/Arts Administrators: _____

7) Number of Additional Guests: _____ *Specify:* _____

TOTAL NUMBER EXPECTED (Sum of 1–7) _____

**K.
REQUIRED
ATTACHMENTS**

Letter(s) of Commitment

(15 out of 100 points)

Each partnering organization (no more than three) should provide a Letter of Commitment that:

- 1) identifies the school with which the organization proposes to partner.
- 2) identifies staff members from the organization who collaborated with the school team to develop this proposal.
- 3) explains how your organization and the applicant school decided to partner on this grant.
- 4) explains how your organization and the school team collaborated on the development of this proposal.
- 5) explains how your organization and the school team will periodically assess the success of the program.

Stamped, Self-addressed #10 Envelope for Acknowledgment of Application Receipt

Include with the application a stamped #10 business-size envelope, self-addressed to PAAP Program Contact. Once the application has been reviewed for completeness, CAE will mail confirmation that the application has been received. Due to the high volume of applications, please allow 10 to 15 business days from the postmark deadline (November 1) to find out if CAE received your application.