MEMORANDUM

TO: Art, Music, Theatre Teachers in the Five County Chipola District
FROM: Joan B. Stadsklev, President, Chipola Regional Arts Association
SUBJECT: Mini-grant Program for the Improvement of Instruction in the Arts
DATE: October 2014

The Chipola Regional Arts Association is pleased to offer you the opportunity to apply for a mini-grant to enhance the arts instruction in your school.

To receive up to $250, complete the attached Mini-grant Proposal for the Improvement of Instruction in the Arts form and submit it by the postmarked deadline of December 5, 2014.

If you are awarded a grant, you will be notified by January 31, 2015. By accepting the grant, you agree to:

1. Complete and return the Mini-grant Final Evaluation Form by April 21, 2015. This form will be included with the award letter.

2. Attend a CRAA meeting in Marianna at Jim’s Buffet & Grill on April 21, 2015 or May 19, 2015, and present a brief 3 to 5 minute oral report of how the grant monies were used in your program.

You must complete both of these conditions to be eligible for future funding.

Thank you for your hard work and dedication to our students and to our music, art, and theatre programs in the Chipola District!
MINI-GRA功课 PROPOSAL FOR THE IMPROVEMENT OF INSTRUCTION IN THE ARTS
Chipola Regional Arts Association
3094 Indian Circle
Marianna, FL  32446

1. Name of Teacher Applicant_____________________________ Date____________________

2. School____________________________________________________________________
   Address___________________ City_________ State______ Zip_________
   Phone_________________ Fax_________________ Email_________________

3. Discipline:  Art_____________ Music__________ Theatre_____________

4. Funds Requested (up to $250):  $____________

5. How will the funds be used?

6. Describe your project objectives and procedures (or process) to be used in accomplishing your proposed project, including your timeline. (Attach additional page(s) if necessary.)

7. Anticipated instructional benefits from your mini-grant project.

8. Application Approval. (Attach additional page(s) if necessary.)

____________________________________  ___________________________   _______________
Principal’s Name (Typed/Printed)            Signature                     Date

As the Teacher Applicant, I attest to the accuracy of the above information. I further understand that failure to turn in the Final Evaluation Report Form or to present at a CRAA meeting by the prescribed deadlines may affect my eligibility to apply for future funding until I am in full compliance with these commitments.

_______________________________  _________________________________
Teacher Applicant’s Signature            Date