

# Music Education Assistance Project, Inc.

## Music Project Grant Application



### Information:

The purpose of the Music Education Assistance Project's **Music Project Grant Program** is to support music education in public schools by awarding grants to Local AFM 99 members to do the following:

- Organize programs of live educational music performance/clinics, master classes and other forms of musical education for music students
- Purchase, collect and repair musical instruments for use in schools
- Organize programs and events to increase public awareness of the importance of music education
- Raise funds in support of these goals

### Eligibility

1. Presenters must be Local 99 AFM members.
2. Applications will be considered only if the project takes place within Local 99 jurisdiction. (The area comprising the Oregon counties of Baker, Clackamas, Clatsop, Columbia, Gilliam, Grant, Hood River, Lincoln, Linn, Marion, Morrow, Multnomah, Polk, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Washington, Wheeler, Yamhill and the Washington counties of Clark, Cowlitz, Klickitat, Lewis, Skamania, Wahkiakum, Pacific County west of Highway 101, and other neighboring areas.)
3. Elementary, middle and secondary public school project proposals are eligible for grant support consideration provided that (1) the project application has been approved by the school's appropriate teacher/educator; and (2) the project proposal is outside of the school's normal curriculum or extra curriculum. Projects that are a part of normal curriculum or extra curriculum will not be eligible.
4. Institutions of higher education are ineligible for support from MEAP.

## **General Criteria**

All musicians and/or musical organizations should meet the following general qualities of professionalism:

- Have experience offering quality performance/clinics and/or educational workshops.
- Have the ability to build rapport with an audience or participants.

Higher priority will be given to projects and proposals that:

- demonstrate administrative competency, in depth planning and quality programming;
- for which there is demonstrated community support and need
- that are produced in cooperation with other organizations
- for which no admission is to be charged

The following are not eligible for funding:

- Tuition
- Scholarships
- Projects that have already concluded
- Replacement of funds normally budgeted for a project
- Any project that may be deemed by the MEAP Board of Directors to be outside of MEAP's goals

## **Instructions to applicant:**

1. Fill out the Applicant Information, Project Summary and Budget Summary sections of the application below.

2. Mail signed application and all supporting materials to:

Music Education Assistance Project, Inc.  
c/o AFM Local 99  
325 NE 20th Avenue  
Portland, OR 97232

3. Completed applications will be reviewed as received and notification of awards will be made soon after.

# Application

## 1. Applicant Information:

Local 99 member name: \_\_\_\_\_

On a separate page, provide a brief history of your organization or group.

School or district for which project is proposed: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of school or district contact person: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date(s) of project: \_\_\_\_\_

## 2. Project Summary (Attach separate page if necessary.)

Project Title or Name: \_\_\_\_\_

Describe proposed project. Be specific.

Who will this project serve?

In what way(s) does this proposal meet the goals of MEAP?

What specific plans do you have for promoting attendance at this event?  
If this grant is approved, how will MEAP be recognized in your publicity?

**3. Budget Summary:** (Include separate worksheet showing computations.)

**Estimated expenses for the proposed project:**

- A. Total educational performance payment, if applicable, based on Local 99 scale: \_\_\_\_\_
  
- B. Total Master Class fee(s), if applicable \_\_\_\_\_
  
- C. Reimbursements for educational materials: (please itemize) \_\_\_\_\_
  
- D. Reimbursements for other expenditures: \_\_\_\_\_

**Revenue sources other than MEAP (e.g., grants, donations, etc. - be specific)**

**What in-kind services are expected?**

**Total grant amount requested:** \_\_\_\_\_

**Payable to:** \_\_\_\_\_

**Payments will be made upon completion for the project.**

#### 4. Signatures:

I affirm that the presentations made in this application, including any attachments, are true and correct.

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Signature of member

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Print name

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Date

I affirm my desire for the proposal described in this application to be presented to our school's or district's students.

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Signature of authorized school or district representative

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Print name

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Title

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Date