

SAMPLE CONTRACT – ARTIST RESIDENCY

RESIDENCY SPONSOR: _____

NAME OF ARTIST(S)/GROUP: _____

TYPE OF ARTISTS IN SCHOOLS AND COMMUNITIES (AISC) RESIDENCY

(Select only one)

___ 5-day Residency ___ 10-day Residency ___ Extended Residency

___ Other: _____

DATES OF RESIDENCY: *These dates must occur within one fiscal year (July 1 through June 30 of the following year).*

Begins: _____

Ends: _____

DATE & TYPE OF RESIDENCY PLANNING MEETING:

The planning meeting will occur on _____

Type of meeting: ___ On-site meeting ___ Phone conference call meeting

RESIDENCY PLANNING MEETING BUDGET

\$ _____ **Artist Fee** *(one artist only, minimum \$200 for on-site meeting; \$25 per hour via phone)*

\$ _____ **Travel** *(round trip, on-site only): # of miles X \$.29 per mile*

\$ _____ **Meals** @ \$35.00 per day *(on-site, one artist only)*

\$ _____ **Lodging** @ \$68 + tax per day *(on-site, one artist/one night only)*

\$ _____ **Ground Transportation** *(e.g., taxi, bus)*

\$ _____ **Total Amount**

RESIDENCY BUDGET

\$ _____ **Artist(s) Fee:** *# of artists X # of days X daily fee \$ (minimum \$200 per day per artist)*

\$ _____ **Travel:** *# of miles (round trip) X \$.29 per mile X number of vehicles*

\$ _____ **Ground Transportation** *(e.g., bus, taxi)*

\$ _____ **Meals:** *# of artists X # of days X \$35.00*

\$ _____ **Lodging:** *# of artists X # of days X \$68 + tax*

\$ _____ **Materials and supplies**

\$ _____ **Other:** _____

\$ _____ **Total Amount**

PAYMENT SCHEDULE: *(check one)*

___ The artist will be paid in full for all fees and expenses on the last day of the 5-day residency.

___ For residencies of 10 days or longer, the artist will be paid according to the following schedule:

ASSURANCES

I certify that the information contained in this agreement, including all attachments, is true and correct to the best of my knowledge.

SPONSOR

Primary Person of Authority

(must be the Principal if a school)

Name and Title: _____

Signature & Date: _____

School/Organization: _____

Address: _____

City/State/Zip: _____

Day Phone: _____

Email: _____

Residency Coordinator

Name and Title: _____

Signature & Date: _____

School/Organization: _____

Address: _____

City/State/Zip: _____

Day Phone: _____

Email: _____

ARTIST/GROUP

Contact Name: _____

Signature & Date: _____

Address: _____

City:/State/Zip: _____

Day Phone: _____

Other Phone: _____

Email: _____

COPIES:

Sponsor/Residency Coordinator _____

Artist/Group _____