

RHODE ISLAND DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

School Building Authority Capital Fund ARTS Initiative Request Form

**LEA:**

**Invoice Amount: \_**

**Type of Arts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Arts Discipline: Visual Arts, Music, Dance, Theatre, Media Arts, Culinary Arts, Design)

**Type of Service:**

(Musical instruments, auditorium upgrades, artists-in-residence, murals, sculptures, professional development, individual sponsorships, audio/visual or culinary equipment, and other investments)

**Number of Students Impacted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(If Available)

**Dollars Spent per student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(If Available)

**Area in use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Location)

**Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RI Vendor: Yes\_\_\_\_\_\_\_ No \_\_\_\_\_\_**

**List number of Full Time Arts Instructors within your district: \_\_\_\_\_\_\_\_\_\_**

**Please describe how these funds will be used:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Describe how these funds will impact your student and community engagement:**

Logo

Description automatically generated

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**Please provide photos of the work completed**

**CERTIFICATION:**

I certify that the above information is correct to the best of my knowledge and belief and that the invoice amount is for the benefit of students.

|  |  |  |
| --- | --- | --- |
| **Superintendent’s Signature** |  | **Date** |

*Below this Line - For Internal Use Only*

School Building Authority at the Rhode Island Department of Education Verification

Date Verification

1. School Building Authority