

Chamber America

APPLICATION 2012 RESIDENCY PARTNERSHIP PROGRAM

Grant Period: July 1, 2012—June 30, 2013

In-Office Application Deadline: Friday, November 18, 2011, 5:00 P.M. EST

Notification: March 2012

This program is supported by the Doris Duke Charitable Foundation and the Chamber Music America Endowment Fund.

| | | |
|---|------------------|--|
| Applicant (Organizing Partner) | | <input type="checkbox"/> Ensemble <input type="checkbox"/> Presenter CMA Membership # |
| Authorized Contact Person/Title | | |
| Street | City/State/Zip | |
| Phone | Mobile | |
| Email | Website | |
| Ensemble Partner (if different from above) | City/State | <input type="checkbox"/> Classical/Contemporary <input type="checkbox"/> Jazz <input type="checkbox"/> World |
| Ensemble Contact | CMA Membership # | |
| Community Partner 1 | City/State | <input type="checkbox"/> School <input type="checkbox"/> Health Facility <input type="checkbox"/> Community Center <input type="checkbox"/> Arts Center <input type="checkbox"/> Other |
| Contact Name and Title | | |
| Community Partner 2 | City/State | <input type="checkbox"/> School <input type="checkbox"/> Health Facility <input type="checkbox"/> Community Center <input type="checkbox"/> Arts Center <input type="checkbox"/> Other |
| Contact Name and Title | | |
| Community Partner 3* | City/State | <input type="checkbox"/> School <input type="checkbox"/> Health Facility <input type="checkbox"/> Community Center <input type="checkbox"/> Arts Center <input type="checkbox"/> Other |
| Contact Name and Title | | |
| <i>* Make copies of this page if more than three Community Partners.</i> | | |
| Describe the residency (use only space provided) | | |
| <input type="checkbox"/> Short-term (3-9 activities; 1 month) <input type="checkbox"/> Extended (10+ activities; more than 1 month, up to 1 year) | | |
| Your Request \$ | Your Match \$: | Total Budget \$ |
| Authorized Contact Signature | | Date |

ORGANIZING PARTNER: Provide an overview of your organization or ensemble.

PUBLIC PERFORMANCES AND/OR RESIDENCIES: List 10 you have presented/performed in the past five years.

| | Date | Activity Type | Venue, City/State |
|----|------|--|-------------------|
| 1 | | <input type="checkbox"/> Concert <input type="checkbox"/> Residency <input type="checkbox"/> Both | |
| 2 | | <input type="checkbox"/> Concert <input type="checkbox"/> Residency <input type="checkbox"/> Both | |
| 3 | | <input type="checkbox"/> Concert <input type="checkbox"/> Residency <input type="checkbox"/> Both | |
| 4 | | <input type="checkbox"/> Concert <input type="checkbox"/> Residency <input type="checkbox"/> Both | |
| 5 | | <input type="checkbox"/> Concert <input type="checkbox"/> Residency <input type="checkbox"/> Both | |
| 6 | | <input type="checkbox"/> Concert <input type="checkbox"/> Residency <input type="checkbox"/> Both | |
| 7 | | <input type="checkbox"/> Concert <input type="checkbox"/> Residency <input type="checkbox"/> Both | |
| 8 | | <input type="checkbox"/> Concert <input type="checkbox"/> Residency <input type="checkbox"/> Both | |
| 9 | | <input type="checkbox"/> Concert <input type="checkbox"/> Residency <input type="checkbox"/> Both | |
| 10 | | <input type="checkbox"/> Concert <input type="checkbox"/> Residency <input type="checkbox"/> Both | |

ORGANIZING PARTNER'S RESIDENCY EXPERIENCE: Include types of activities, audiences served, and number of years involved. If new to residency programming, please explain your reason for undertaking this project at this time.

ENSEMBLE PARTNER: Personnel and instrumentation

| | Musician Name | Instrument(s) |
|----|---------------|---------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |

ENSEMBLE PARTNER OVERVIEW: (to be completed only if the Organizing Partner is a presenter) Describe the ensemble's history, the music it performs, residency experience, and other information you would like the panel to know.

Why did you choose this Ensemble Partner?

THE PARTNERSHIP: Outline the role each partner will play in the residency (planning, development, production, attracting audiences/participants, etc.).

Organizing Partner

Ensemble Partner (if different from Organizing Partner)

Community Partner 1:

Community Partner 2:

Community Partner 3:

Attach copies of this page, if needed.

RESIDENCY PROJECT DESCRIPTION: Include types of activities, the groups that you will serve, your plans to implement the project, and the outcomes you intend to achieve.

PROPOSED SCHEDULE OF RESIDENCY ACTIVITIES

(Please list each activity individually. Attach copies of this page, if needed.)

| | Date | Activity | Community Partner | Venue | Participant Group and Size | Number of Ensemble members participating |
|----|------|----------|-------------------|-------|----------------------------|--|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |

MARKETING How will the residency be publicized to the audiences you intend to reach?

PROJECT EVALUATION: Describe your plan for evaluating the residency's effectiveness.

ORGANIZATION BUDGET: Does your organization have an accumulated deficit? If so, please explain (for presenter applicants only).

RESIDENCY BUDGET: Enter and describe each item below.
 Attach a separate page if more room is needed for budget details.

| EXPENSE | | |
|--|-------------|-----------|
| Expenses | Description | |
| Ensemble Fee | | \$ |
| Ensemble Travel | | \$ |
| Ensemble Hotel | | \$ |
| Ensemble Per Diem | | \$ |
| Subtotal Ensemble Partner Expenses | | \$ |
| Residency Production | | \$ |
| Residency Marketing | | \$ |
| Total Expenses | | \$ |
| INCOME | | |
| Earned Income | | |
| Contracted Services | | \$ |
| Other | | \$ |
| Total Earned Income | | \$ |
| Contributed Income | | |
| Government | | \$ |
| Corporate | | \$ |
| Foundation | | \$ |
| Individual | | \$ |
| Other | | \$ |
| Total Contributed Income | | \$ |
| Subtotal Income (Earned and contributed income) | | \$ |
| AMOUNT REQUESTED (Up to 75% of expenses) | | \$ |
| GRAND TOTAL INCOME (Subtotal Income plus amount requested) | | \$ |
| SURPLUS/DEFICIT (Grand Total Income minus Grand Total Expense) | | \$ |

CD-R WORK SAMPLE SHEET: Total playing time may not exceed 15 minutes.

| TRACK 1 | |
|--|------------------------|
| Title of work: | |
| Composed/arranged by: | |
| Date composed/arranged: | Date recorded: |
| Track length: | Total length of piece: |
| Personnel/Instrumentation (indicate if electronics are being used) | |
| Give cue timing for the section that you think most important for the panelists to hear. For jazz, also include cue times for main theme(s) and improvisation: | |
| TRACK 2 | |
| Title of work: | |
| Composed/arranged by: | |
| Date composed/arranged: | Date recorded: |
| Track length: | Total length of piece: |
| Personnel/Instrumentation (indicate if electronics are being used) | |
| Give cue timing for the section that you think most important for the panelists to hear. For jazz, also include cue times for main theme(s) and improvisation: | |
| TRACK 3 | |
| Title of work: | |
| Composed/arranged by: | |
| Date composed/arranged: | Date recorded: |
| Track length: | Total length of piece: |
| Personnel/Instrumentation (indicate if electronics are being used) | |
| Give cue timing for the section that you think most important for the panelists to hear. For jazz, also include cue times for main theme(s) and improvisation: | |

APPLICATION CHECKLIST

Please confirm with a check mark that the application contains:

- 1 stapled application form with an original signature, clipped to:
 - 1 copy of your organization's projected operating budget for the fiscal year in which the proposed residency will take place
 - up to 3 samples of the Organizing and Ensemble Partners' publicity materials from your two most recent seasons (e.g., season brochure, flier, postcard, press release, website or press-kit items, etc.)
 - up to 3 samples of previous residency materials (e.g., curriculum materials, teaching guides, etc.) if applicable
- 4 additional sets of the above documents (stapled application form, plus operating budget, sample publicity and residency materials)
- if a presenter) 1 audited financial statement or a copy of IRS Form 990 or 990EZ for the most recently completed fiscal year
- (if an ensemble) 1 copy of your previous year's operating budget
- 1 CD-R Work Sample
- 1 piece of documentation for each of the 10 public concerts and/or residency projects listed in the application (e.g., programs, postcards, print and digital media, etc.)
- Signed letters of intent from each Community Partner and, if relevant, from the Ensemble Partner (sample letters are provided in the guidelines)
- (if a presenter), 1 copy of your organization's 501(c)(3) IRS tax-exempt determination letter or equivalent if another type of eligible charitable organization
- (if an ensemble), 1 copy of your IRS 501(c)(3) tax-exempt determination letter *or* proof of U.S. citizenship or permanent residency status for the primary ensemble member, as described in the guidelines
- (if the Ensemble Partner is classical/contemporary), 1 copy of a repertoire list

Please confirm with a check mark that the application:

- is typed (not handwritten)
- is packaged in a single envelope or box
- will arrive in its entirety on or before Friday, Nov. 18, 2011, 5:00 P.M.
- is being sent to: CHAMBER MUSIC AMERICA, 2012 RESIDENCY PARTNERSHIP PROGRAM, 305 SEVENTH AVENUE, 5TH FLOOR, NEW YORK, NY 10001