

|  |  |
| --- | --- |
| **Residency Budget Worksheet****Museum Healthcare Partnership** | Southern Alleghenies Museum of ArtP.O. Box 9, Loretto, PA 15940p: 724-238-6015 / f: 724-238-6281kmiller@sama-art.org |

### Please type or print clearly in ink:

**Eligible Expenses** are residency expenses that are eligible for up to a 50% matching grant from SAMA. This includes artist fees and mileage. Additional funding may be granted for materials. Please contact SAMA Education Coordinator to discuss the availability of supplies.

**I. Planning & Residency Days**

Number of Planning Days (maximum of 3 days/20 day residency, maximum of 1 day/10 day residency (A)\_\_\_\_\_\_\_\_\_\_\_

Number of Residency/Teaching Days (min. of 17 days for a 20 day residency) (B)\_\_\_\_\_\_\_\_\_\_\_

Total Number of Days (A+B) (C)\_\_\_\_\_\_\_\_\_\_\_

Artist Fee per Day (min. $200, artist/host are free to negotiate a higher fee) (D)$\_\_\_\_\_\_\_\_\_\_

Total Artist Fees [(C) X (D)] (E)$\_\_\_\_\_\_\_\_\_\_

**II. Travel Expenses**

Mileage: (only applicable when artist travels 50 miles or more, one way per day, to residency site)\*

Miles per Day (from mile one, if over 50 miles) (F) \_\_\_\_\_\_\_\_\_\_

Total Mileage [(C) X (F) X $0.56] (G)$\_\_\_\_\_\_\_\_\_\_

**III. Total Eligible Expenses**

(E + G) (H)$\_\_\_\_\_\_\_\_\_\_

**IV. Funding Requested**

Amount Requested from SAMA (cannot be more than half of Total Eligible Expenses) (I)$\_\_\_\_\_\_\_\_\_\_

Amount of Matching Funds(must be at least half of Total Eligible Expenses) (J)$\_\_\_\_\_\_\_\_\_\_

Administration Fee (10% of E) (K) $\_\_\_\_\_\_\_\_\_

Total Funds paid by Organization (J+K) (L) $\_\_\_\_\_\_\_\_\_

**Source of Matching Funds**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Matching Funds are: □ Secured □ Pending