

## Applicant Information

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STARS Residencies invests in students and teachers working with artists, scientists, and humanists. The program provides grants of \$2,500 – \$6,100 to support creative learning residencies in the arts, sciences, and humanities.

**Applicant Organization Information**

Review the applicant information. If you need to update the Organization Information, use the Note feature on the left to contact a Mass Cultural Council staff person for help.

**Legal Name:****Doing Business As:****Physical Address:****Address 1:****Address 2:****City:****State:****ZIP:**

This section will be auto filled after you make an account in SmartSimple.

**Mailing Address (if different):****Mailing Address 1:****Mailing Address 2:****City:****State:****ZIP:****Parent Organization:****Fiscal Agent:**

Please note, organizations are required to provide a Massachusetts physical address. A PO Box can be provided for the mailing address, but not the physical address. Organizations that do not have a facility or office typically provide the address of the primary person leading the organization or group, such as the board chair, staff person, or lead volunteer for the group.

If you see "Grant Seeking Organization" listed as your parent organization, this means that you do not have a parent organization and you can disregard it.

**Grants Management System Legal Status**

When your organization registered in our grants management system, we were provided with the below legal status. If you believe this information is not current, use the Note feature on the left to contact a Mass Cultural Council staff person for help.

This section will be auto filled

## Primary Contact

Review the applicant information. The Primary Contact is responsible for all communications regarding the application, including questions and contracts. If you need to update the Primary Contact information you can do so in your Profile. Click Home button in upper right corner to get to My Profile button.

[Name](#)

[Email](#)

[Phone Number](#)

## Co-Applicant Invitation

Co-applicants are optional. This application does not require a co-applicant. Co-applicants from your partner school or organization can edit the application and the final report. The co-applicant must have first registered in the grants management system in order to receive the invitation.

Prefix	First Name	Last Name	Email	Role	Status
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No Results Found

## School Principal Contact Information

Please be sure that the principal has approved this application as the ONLY STARS residency application from this school. Not informing the principal could lead to a delay in the application review or even the cancellation of an application.

**School Principal Name:**

**School Principal Email Address:**

## Contract Authorized Signatory Information

If awarded a grant, the **“Contract Authorized Signatory”** is the person at your organization who has the legal

**authority to sign contracts** and submit the necessary contract documents (W-9, Electronic Funds Transfer form, etc.). The contract will be emailed directly to the person below. Please be sure to enter the name and email correctly.

### Contract Signatory

First and last name of person who will sign the contract

### Contract Signatory Title

### Contract Signatory Phone

###-###-####

### Contract Signatory Email

This is the email that will receive 3 DocuSign documents: the Commonwealth's Contract Authorized Signatory Listing (CASL) form, the Commonwealth's W-9 & Electronic Funds Transfer (EFT) document, and the Mass Cultural Council's Standard Contract Document.

## Contract Authorized Officer Information

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If awarded a grant, **the "Contract Authorized Officer" is the person at your organization who has the legal authority to attest that the above person can sign contracts on your organization's behalf.** For example, a board member, president, chief executive officer, chief fiscal officer, corporate clerk or legal counsel, etc.

**The same person cannot be both the Authorized Signatory and the Authorized Officer.**

### Contract Authorized Officer

**First and last name** of person who will attest the Contract Signatory can sign contracts. Please do not enter a title or any other information, just their name.

## Contract Authorized Officer Email

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This is the email that the Commonwealth's Contract Authorized Signatory Listing (CASL) form will go as a DocuSign document.

## School Information

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### School City/Town

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**Please select the name city/town that the school is located in.** This is important because there are many schools that share the same name.

Below you will find a list of the 351 official Massachusetts cities and towns. If you are looking for a neighborhood or village, you will need to Google it to find out what city or town it is in so you can select that option.

### Did you find the school listed above?

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## Cultural Partner Information

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### Cultural Partner

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**First and last name of teaching artist/scientist/humanist leading the residency:**

Individual applicants, please enter your name here.

Organizations and schools enter the name of the person leading the residency here.

### Cultural Partner Organization Name

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If applicable. Individual applicants should leave this blank.

**Cultural Partner Discipline**

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**Cultural Partner Phone**

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**Cultural Partner Email**

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**Have the school and the lead teaching artist/scientist/humanist worked together before?**

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**Are there additional Cultural Partners?**

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## Residency Summary

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**Project Discipline**

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**Beginning Date**

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When does the residency start? To be eligible the residencies must start September 1, 2023 or later. Residencies that started before September 1, 2023 are not eligible.

**Ending Date**

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When does the residency end? To be eligible the residency must end June 30, 2024 or earlier. Residencies that end after June 30, 2024 are not eligible.

**Project Title**

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**Description**

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Provide a description of the residency in 150 characters or less, by completing this sentence, "This school residency..."

(Example: "brings three grades of Central Elementary School together to create a play with teaching artist Gale Rogers in order to celebrate difference.")

**Residency is scheduled during: School hours or Afterschool hours or Both?**

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**How will the residency be delivered?**

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**Grade level(s) of participating students involved**

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Select at least one grade level (K-12).

**Number of students directly involved in the residency (estimated)**

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**Total number of days in school**

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**Residency Design**

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**Planning**

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## Planning with the Cultural Partner

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The partnership between the school and the Cultural Partner is a key part of STARS and the creative learning experience for students. That's why each grant includes a \$250 stipend to pay the Cultural Partner for time spent planning with the school before and during the residency.

In one or two sentences, please describe the planning process. Which school representatives will collaborate with the Cultural Partner? When will they meet and for how long? If the residency involves more than one teaching artist/scientist/humanist, describe how they will plan together before and during the residency.

For example, "The four 3rd grade teachers will meet with the Cultural Partner for one hour in-person one month before the residency, followed by a total of one hour of individual meetings during the residency."

## Learning Objective

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### Student Learning Objective

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A Learning Objective describes which skills, knowledge, and/or understandings you want students to develop through their residency experience. Youth Voice describes young people's connection with themselves and/or the world around them.

What is one Learning Objective of this residency? How will students reach this goal?  
How does this residency create a space for students to exercise their Youth Voice?

## Overview and Details

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### Residency Overview

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What is the goal of the residency? What will the cultural partner(s) be doing? What will the students be doing? What will the teacher(s) do before and after the residency to extend learning? (Note: descriptions of individual sessions belong in the next question.) If the residency involves more than one grade, identify the unifying theme and discuss how the grades will explore the same content.

## Residency Details

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Detail what will happen in the residency sessions to show how the residency will achieve the Learning Objectives above. If the residency is 5 sessions per classroom or less, detail each session. If the residency is more than 5 sessions per classroom, provide the detail by groups of sessions (for example, Sessions 1-3, Sessions 4-6, Sessions 7-9, Sessions 10-12, etc.) For each session (or group of sessions) tell us what the Cultural Partner will teach, what activities the students will do, and what the teacher(s) will do before and after the session(s) to extend the learning.

## Session Calculation

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The session information should align with the responses provided within the Residency Design. The following will help you calculate the total grant request. Remember:

- A session is the creative learning time when the Cultural Partner is working with students.
- One session is 30-75 minutes long and 80 -120 minutes equals two sessions.
- Additional sessions with the Cultural Partner are school assemblies, performances and other culminating events.
  - These culminating events do not count towards the 3-session minimum.
- The grant request will be between \$2,500 - \$6,100.

## Session Calculation

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The total number of sessions you calculate below determine the maximum grant award your residency is eligible for. If you have any questions, contact Amy Chu at [amy.chu@mass.gov](mailto:amy.chu@mass.gov).

### Number of classrooms or groups of students participating

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**Number of sessions per classroom or group of students**

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**Number of additional sessions. Note: you can only count sessions if the Cultural Partner is present (if not applicable enter "0")**

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**Total Number of Sessions**

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Click on Save Draft to calculate the total sessions.

0.0

## Request

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**Amount Requested**

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The grant request is calculated as (Number of sessions X \$150) + \$250 planning stipend.

Click on the Save Draft button to calculate the amount requested.

**Grant Amount (if approved)**

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If the amount requested exceeds \$6,100 you will need to secure additional funds from another source if your residency is approved.

If the amount requested is less than \$2,500, the grant amount was bumped to \$2,500 because that is the minimum grant amount.

This grant amount can go towards any residency expense except the classroom teacher's time. This includes, materials, transportation, and of course, the cultural partner's time.

## Acknowledgement

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### Ready to Submit?

Once you click "Submit" below, you will no longer have access to make changes to your application. A copy of your application will be sent via an email attachment upon submission.

**Please note: You have not successfully submitted your application until you see the following message: "Congratulations - You have successfully submitted your application."**

**Authorized Signature: I certify that all the information contained in this application, including all supporting documents and materials, is true and correct to the best of my knowledge. I hereby release Mass Cultural Council, its members, and employees, from any liability and/or responsibility concerning the submission of materials to this program. In addition, I agree that the required public acknowledgment will be given to Mass Cultural Council if this application is approved. I understand that failure to respond to any of the items requested in this application may seriously hinder its consideration. I certify that we are committed to the completion of the proposed activities in compliance with legal requirements and granting procedures and will file the report required by the Mass Cultural Council.**

**Clicking "submit" below serves as an authorizing electronic signature.**

### Attestation

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