

Community Artist Proposal

Additional materials are welcome to be submitted but are not required (videos, photos, etc.).

Expressive Therapy Center, Akron Children's Hospital, One Perkins Square, Akron Ohio 44308

Name of visiting artist: _____ Date of Proposal: _____

Address: _____ City _____ State _____ ZIP _____

Phone number of artist: _____ Alternate phone: _____

Email of local artist: _____ Artist website: _____

Preferred Dates of Visit: _____ Alternative Dates: _____

1. Brief description of artist's work, professional accomplishments, and experience (if any) specifically related to working with patients in a hospital setting:

2. Outline of proposed activity/idea

3. What is the target population/audience for this project?

4. How are you willing to modify your project to make it appropriate for our patient population, if necessary?

5. What is the specific goal of this project? How will the goal be measured? How will the goal be achieved?

1. _____

2. _____

3. _____

6. Please list your availability. Do you have a specific date(s) or time(s) in mind?

7. Please elaborate on your specific responsibilities regarding this project.

8. ETC staff presence is required during all projects. Are you willing to be flexible to meet their scheduling needs?

9. What is the timeline for this project? (Specifically, how long will it take from planning to finalizing)

10. What sort of a schedule would this project need? (Specific times and dates)

11. Describe how this project will meet the needs of patients, families and staff at Akron Children's Hospital and how it is relevant to the therapeutic mission of the Expressive Therapy Center. (Create Heal Inspire, Encourage the Possibilities)

12. Have you ever done a project like this in a similar setting, and if so, what was the result? Please elaborate.

13. What is the overall scope of work involved with this project?

14. What obstacles and risks will this project face?

15. Research applications (if any):

16. Are you willing to submit a report including statistics and patient encounters for this project? _____

17. Are you willing to sign a contract with Akron Children's Hospital? _____

18. Are you willing to get go through volunteer training which includes a full background check, proper vaccinations and various other hospital volunteer requirements? _____

19. Are you willing to attend an orientation to the ETC to better understand our program needs? _____

20. Are you willing to be photographed or have your work utilized by Akron Children's hospital for Media outreach?

21. Please list the material requirements for this project:

22. What are your financial expectations?

- a. Volunteer _____
- b. Volunteer until funds may become available _____
- c. Expect Payment _____ (please fill out the budget section below)

Budget: (please complete this section for funding purposes if you expect pay for your services)

ITEM	DESCRIPTION	EST. COST
Materials	oil paints, metal, printing ink, mounting boards, charcoal, glass, a car or bicycle etc	
	[Specification]	[\$\$\$]
Tools or equipment	buying or hiring	
	[Specification]	[\$\$\$]
Labor	Artist fees, model or dancers, etc	
	[Specification]	[\$\$\$]
Transport	For equipment, laborers, art project, yourself	
	[Specification]	[\$\$\$]
Site preparation	Rental fees for chairs, dividers, AV equipment, etc.	
	[Specification]	[\$\$\$]
Maintenance	Repairs, cleaning laundry, etc.	
	[Specification]	[\$\$\$]
Other people related costs	Photographer, videographer, etc	
	[Specification]	[\$\$\$]
Communication	Telephone, flyers, promotional materials, cards etc	
	[Specification]	[\$\$\$]
Other	Please Explain	
	[Specification]	[\$\$\$]

Estimated TOTAL for how much this project will cost:

\$_____