



Southern Alleghenies Museum of Art

Residency Budget Form

Please include the *Residency Request Form*, *Budget Worksheet*, and *Narrative Description* with your request.

Budget Form: Please complete ALL fields by type or print *clearly in ink*

Eligible Expenses are residency expenses which are eligible for a matching grant from SAMA. Only residencies that are *20 total days* with an individual artist are eligible for a *50% match* from SAMA, and will require a *50% match* from the school or host. A *15-day* residency is eligible for only a *40% match* from SAMA, and will require a *60% match* from the school. A *10-day* residency is eligible for only a *30% match* from SAMA, and will require a *70% match* from the school.

Residency Length	SAMA		Host Organization			Total Artist/Admin. Fees
	Percentage	Dollars	Percentage	Dollars	10% Admin Fee	
10 days	30%	\$600	70%	\$1,400	\$200	\$2,200
15 days	40%	\$1,200	60%	\$1,800	\$300	\$3,300
20 days	50%	\$2,000	50%	\$2,000	\$400	\$4,400

I. Planning and Residency Days

- Number of Planning Days (max. of 3 days for a 20 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. \$195, 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, to residency site)*
- Miles per Day (from mile one, if over 50 miles) (F) _____
- Total Mileage (C x F x \$0.51) (G) \$ _____

III. Total Eligible Expenses

- (E + G) (H) \$ _____

IV. Funding Requested

- Amount Requested from SAMA (cannot be more than half of H) (I) \$ _____
- Amount of Matching Funds (must be at least half of H) (J) \$ _____
- Administration Fee (10% of I+J)** (K) \$ _____
- Total Funds paid by School (J+K) (L) \$ _____
- Source of Matching Funds: _____ Secured ___ Pending ___

*Please be sure to check mileage for an artist before submitting a Residency Request Form. SAMA cannot guarantee money for mileage due to the uncertainties of the state budget. SAMA uses mapquest.com to verify mileage.

**Administration Fee is 10% of Total Eligible Expenses (I+J)

Please return completed forms to:
SAMA-Loretto, attn: Jessica Campbell, PO Box 9 Loretto, PA 15940

Phone: 814-472-3920 • Fax: 814-472-4131 • E-mail: jcampbell@sama-art.org

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