Residency Budget Worksheet
Artist in Residence

Please type or print clearly in ink: HOST NAME: ________________________________

Eligible Expenses are residency expenses that are eligible for a matching grant from SAMA. Only residencies that are 20-days with an individual artist are eligible for a 50% match from SAMA. A 15-day residency is eligible for only a 40% match. A 10-day residency is eligible for only a 30% match.

A 20-day residency will require a 50% match from the school or host. A 15-day residency will require a 60% match from the school or host. A 10-day residency will require a 70% match from the school or host. Amounts below are calculated at a $200/day Artists fee:

<table>
<thead>
<tr>
<th>Residency Length</th>
<th>SAMA</th>
<th>Host Organization</th>
<th>Total Artist/Admin Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percentage</td>
<td>Dollars</td>
<td>Percentage</td>
</tr>
<tr>
<td>* 5 Days</td>
<td>50%</td>
<td>$500</td>
<td>50%</td>
</tr>
<tr>
<td>10 Days</td>
<td>30%</td>
<td>$600</td>
<td>70%</td>
</tr>
<tr>
<td>15 Days</td>
<td>40%</td>
<td>$1,200</td>
<td>60%</td>
</tr>
<tr>
<td>20 Days</td>
<td>50%</td>
<td>$2,000</td>
<td>50%</td>
</tr>
</tbody>
</table>

*I 5 Days Residency: First-Time Participants Only

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. $200, artist/artists are free to negotiate a higher fee) (D)$_________
   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)$_________
   Amount of Matching Funds (must be at least half of Total Eligible Expenses) (JJ)$_________
   Administration Fee (10% of E) (K)$_________
   Total Funds paid by Organization (J+K) (L)$_________

Source of Matching Funds: __________________________________________ Matching Funds are: □ 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 grants. SAMA uses mapquest.com to verify mileage.

**Administration Fee is 10% of Total Eligible Expenses (E)