

COLLABORATION REQUEST

AARC initiates its programs in response to a community need. Non-profits, community groups and individuals may suggest a one time program that is relevant to AARC and PARD's mission, values and audience. Suggested programs are to be offered to the public free of charge and collaborators "volunteer" their services. The City of Austin and the Parks Department facility provides the resources for production and marketing of the program. If the suggested program meets the requirements and can be supported by its budget, the AARC may engage in a collaboration. Collaborations require a customized agreement outlining the terms of participation.

Individuals or organizations may submit the collaboration request along with any supporting materials to the AARC for consideration. Once your request is received AARC staff will review the form and will be in contact as soon as possible. Please note: The AARC is only able to accept a limited number of collaborations each year.

I. CONTACT INFORMATION							
NAME		TITLE					
MAILING ADDRESS		ORGANIZATION					
CITY		STATE	ZIP CODE				
CELL PHONE		WORK PHONE					
E-MAIL		WEBSITE					
NATURE OF ORGANIZATION	N CULTURAL		NON-PROFIT ORGANIZATION 501(C)(3)				
*CHECK ALL THAT APPLY	COMMUNITY GROUP		OTHER				
II. PROGRAM INFORMATION	N						
PROGRAM TITLE							
	CLASS/WORKSHOP		CULTURAL PERFORMANCE				
TYPE OF PROGRAM	LECTURE/SPEAKER		EXHIBITION				
*CHECK ALL THAT APPLY							
	FILM SCREENING		OTHER				
PROGRAM DESCRIPTION							
HOW WILL THE EVENT BENEFIT THE PUBLIC?							
ADMISSION TYPE:	WALK-IN RI	EGISTRATION	RSVP				



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III DADTICIDANIT/ALIDIENICE DI	DOEILE							
III.PARTICIPANT/AUDIENCE P	RUFILE							
DESCRIBE YOUR TARGET AUDIENCE								
WHAT OUTREACH								
METHODS WILL BE								
USED TO RECRUIT								
PARTICIPANTS?								
ESTIMATED AUDIENCE		AUDIEN	CE AGE:	YOUTH	ADULT	SENIO	R	ALL
IV. SCHEDULING AND SPACE	INFORMATIO	N						
PROGRAM START DATE:	/	/	PROGF	RAM END D	ATE:	/ /		
START TIME:	END TIME:		SETUF	TIME:		CLEAN-UP TI	ME:	
DAY OF SUNDAY THE WEEK:	MONDAY	TUESDAY	WEDNES	DAY T	HURSDAY	FRIDAY	SATU	JRDAY
PREFERRED SPACE(S):	LARGE MAIN MEETING ROOM (FOYER) SECONDARY MEETING ROOM						M (CON	F. ROOM)
	BALLROOM SMALL MEETING RO				ING ROOM(S))		
		LAWN (OUTD		<u> </u>	KITCHEN ACC	CESS		
V. GOALS OF COLLABORATIO	N AND AARC	MISSION RELI	EVANCE					
HOW DOES THE PROPOSED								
PROGRAM SUPPORT THE								
MISSION OF THE AARC?								
WHY DO YOU WANT TO								
COLLABORATE WITH THE								
CITY OF AUSTIN (AARC)?								
VI. ADMINISTRATIVE RESPON	ISIBILITIES							
WHAT WILL YOUR ORGANIZA	ATION							
PROVIDE IN ORDER TO SUPPO	ORT							
THE PROGRAM?								
WHAT SPECIFIC RESOURCE A								
NECESSARY FROM THE CITY (
AUSTIN (AARC) IN ORDER TO SUPPORT THE PROGRAM?								
V. SUBMISSION								
PLEASE SUBMIT THE FOLLOW	/ING	AAU (DD====	DED)					
COLLABORATION REQUEST V	F = 1	MAIL (PREFERI	RED) a	arc@austin	texas.gov			
			L	Sian Ameri	can Resource	Center		
	M	AIL OR IN PERS	S()NI			n, Texas 7875	4	
Signature					Date			
Thank you for your interest in							ons or o	concerns
vi. NOTES (OFFICE USE ONLY)		a e-mail at aar	c@austinte	xas.gov or b	v phone at (51	12) 974-1700.		
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SUBMISSION DATE:		APPF	ROVAL DAT	E:			N	