|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COLLABORATION INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Carver initiates its programs in response to a community need. Non-profits, community groups and individuals may suggest a program that is relevant to the Carver 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 Carver 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 Carver for consideration. Once your request is received Carver staff will review the form and will be in contact as soon as possible. **Please note: The Carver is only able to accept a limited number of collaborations each year.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I. CONTACT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** |  | | | | | | | | | | | **Title:** | | | | | | | |  | | | | | | | | |
| **Mailing Address** |  | | | | | | | | | | | **Organization:** | | | | | | | |  | | | | | | | | |
| **City:** |  | | | | | | | | | | |  | | | | **State:** | | | |  | | | | **Zip Code:** | |  | | |
| **Telephone:** |  | | | | | | | | | | | **E-mail:** | | | | | | | |  | | | | | | | | |
| **Cellphone:** |  | | | | | | | | | | | **Website:** | | | | | | | |  | | | | | | | | |
| **Nature of Organization:**  **Collaboration Request** | | | | | | | | Cultural Organization | | | | | Community Group | | | | | | | | | | Corporate | | | | | |
| Non-Profit | | | | | Other | | | | | | | | | | | | | | | |
| **II. PROGRAM INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Program Title: Name: Title:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Type of Program:** | Classes/Workshop | Speaker Series  Film Series |  | | Cultural Performance | Exhibition  Other (Celebration) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Brief Description of Program:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **How will the event benefit the public?** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Admission Type:** | | | Walk-In  Registration  RSVP | | | | | | | | | | | | | | | | | | | | | | | | | |
| **III.PARTICIPANT/AUDIENCE PROFILE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Describe your target audience:** | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | |
| **What outreach methods will be used to recruit participants?** | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | |
| **Estimated Attendance:** | | | | | | | | | |  | | | | **Audience Age:** | | | | | Adult  Families (all ages)  Youth | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **IV. SCHEDULING AND SPACE INFORMATION**  **Collaboration Request** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Program Start Date:** | | | |  | | | | | | | **Program End Date:** | | | |  | | | **Start Time:** | | | |  | | | **End Time:** | | |  |
|  | | | |  | | | | | | |  | | | |  | | | **Setup Time:** | | | |  | | | **Clean-up Time:** | | |  |
| **Is this program recurring?** | | | | **Yes**  **No** | | | | | | | **Reoccurrence Pattern:** | | | | **Every Week**  **Monthly** | | | | | | **Bi-Monthly  Quarterly** | | | | | | **Biweekly  Other** | |
| **Days of the Week:** | | | | **Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Preferred space(s):** | Drum (Foyer)   Dance Studio   Outdoor Space | | | | | | | | | | | | | | | | Conference Rm  Genealogy Ctr  Theatre  Classroom Kitchen Access | | | | | | | | | | | |
|  |
| **IV. GOALS OF COLLABORATION AND CARVER MISSION RELEVANCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8. How does the proposed program support the mission of the Carver?** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **9. Why do you want to collaborate with the City of Austin (Carver)?** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **V. ADMINISTRATIVE RESPONSIBLITIES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **10. What will your organization provide in order to support the program?** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **11.**  **What specific resources are necessary from the City of Austin (Carver) in order to support the program?** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **IV. SUBMISSION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please submit the following Collaboration Request via:** | | | | | | **E-mail (select preferred email from staff below and note: HERE)**  [**Faith.weaver@austintexas.gov**](mailto:Faith.weaver@austintexas.gov) **(education)**  [**Paralanell.agboga@austintexas.gov**](mailto:Paralanell.agboga@austintexas.gov) **(theatre)**  [**Carre.adams@austintexas.gov**](mailto:Carre.adams@austintexas.gov) **(exhibition)**  [**Cynthia.evans@austintexas.gov**](mailto:Cynthia.evans@austintexas.gov) **(genealogy)** | | | | | | | | | | | | | | | | | | | | | | |
| **Mail or In Person:** Carver Museum and Cultural Center 1165 Angelina Street, Austin, TX 78702 | | | | | | | | | | | | | | | | | | | | | | |
| **Submission Date:** | | | | | | | | | | | | **Signature:** | | | | | | | | | | | | | | | | |
| Thank you for your interest in the collaboration program at the Carver**.** For any additional questions or concerns please contact the center via e-mail to preferred contact or by phone at **(512) 974-3671.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**APPROVALS:**

**Carver Site Manager Signature:**

**Division Manager Signature:**