

# WBGO KIDS JAZZ TRANSPORTATION APPLICATION

## FALL 2016 APPLICATION

Submit your completed application form and transportation quote via email to [KIDS@wbgo.org](mailto:KIDS@wbgo.org), with "Transportation Fund" in the subject line, or fax to 973-824-8888.

**Applications will be accepted and reviewed as they are submitted, beginning Friday, June 24th.** Questions or concerns? Contact Transportation Fund coordinator LaQuin Lay at [llay@wbgo.org](mailto:llay@wbgo.org) or 973-643-4763.

### Organization/Group Information

1. Organization/Group Name \_\_\_\_\_

2. Select one of the following to describe the group:

501(c)(3)

Private Corporation

Church Group

Newark or Elizabeth Public School

Other School

Other \_\_\_\_\_

3. Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

4. Website \_\_\_\_\_

5. General Phone # \_\_\_\_\_ 7. Fax # \_\_\_\_\_

6. Primary contact person and title \_\_\_\_\_

E-mail \_\_\_\_\_ Phone # \_\_\_\_\_

6a. Is the primary contact also the person filling out this application?      yes              no

6b. Is the primary contact also the day of contact for the trip?              yes              no

6c. If no, please provide the contact info for your anticipated day of contact:

Name and title \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Phone # \_\_\_\_\_

7. What grades are your students in:

Pre-K to 1<sup>st</sup>

2<sup>nd</sup> to 4<sup>th</sup>

5<sup>th</sup> to 7<sup>th</sup>

8<sup>th</sup> to 9<sup>th</sup>

10<sup>th</sup> to 12<sup>th</sup>

8. (Optional) WBGO is committed to serving underserved populations. Help us track this goal.

To your knowledge, what percentages of your youth fit into the following:

Black or African American \_\_\_\_%    Hispanic or Latino \_\_\_\_%    White or Caucasian \_\_\_\_%

Native American \_\_\_\_%    Asian/Pacific Islander \_\_\_\_%    Mixed Heritage \_\_\_\_%

Heritage unknown/Other \_\_\_\_%

Special needs/Special education \_\_\_\_%

From low-income households \_\_\_\_%

## Concert Information

9. Select the concert date your group would like to attend. To assist us in accommodating your group, provide two back-up options by marking a 2<sup>nd</sup> and 3<sup>rd</sup> choice. **If your group would like to attend more than one concert**, check the 1<sup>st</sup> choice boxes next to **all your desired dates**.

Give best estimates for number of guests expected. See Guidelines for Chaperone recommendations. Concerts marked with an \* are best for large groups requesting numerous busses.

### **Sat, November 19 | Newark Museum, Newark**

1<sup>st</sup> Choice       2<sup>nd</sup> Choice       3<sup>rd</sup> Choice

# of Students: \_\_\_\_\_ # of Chaperones: \_\_\_\_\_ # of Vehicles needed: \_\_\_\_\_

### **Sat, December 3 | South Orange Performing Arts Center, South Orange**

1<sup>st</sup> Choice       2<sup>nd</sup> Choice       3<sup>rd</sup> Choice

## Transportation Information\*

Contact at least one licensed transportation company to solicit a quote for the cost of transporting your group. If requesting funding for multiple concerts, make sure the cost of traveling to each location is clear. The following items should be clearly labeled on the quote or written below, and attached to or e-mailed with your application:

10. Company's Name \_\_\_\_\_

Full Address \_\_\_\_\_

Phone # \_\_\_\_\_

11. Contact person \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone # \_\_\_\_\_

12. Operating license number OR EIN OR Business ID number \_\_\_\_\_

13. Type of vehicle requested:     Full Bus     Half Bus     Van: # of Seats \_\_\_\_\_

14. Total # of Vehicles requested total: \_\_\_\_\_ Total amount requested: \$ \_\_\_\_\_

\* **If your group owns a vehicle**, attach an estimate for the cost of driver's pay, gas, tolls, and parking.

15. It is important to us that funding is used efficiently. What is your plan for recruiting students to attend the event? What steps will you take to ensure committed students follow through to attend the event?

**I understand the descriptive material in this application may be used in WBGO promotions and that if selected as a fundee, I agree to sign an indemnification clause and provide proof**

of insurance naming WBGO as additionally insured for the date(s) of the concerts in order to receive transportation funding. I understand I am responsible for collecting photo release/permission slips for each youth before the concert and monitoring my group of attendees while attending the event; following the concert I am responsible for sending receipts to WBGO. I also understand that if funding is not utilized to transport youth to a KJCS concert as agreed upon, within all reasonable circumstances, I and/or the organization I represent will be held responsible for returning said funds to WBGO.

**Please note: follow-up interviews may be requested of applicants via e-mail or phone to clarify applications and aid in the decision making process.**

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Primary Contact's Name, printed

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Executive Director's Name, printed

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Primary Contact's Signature/ Date

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Executive Director's Signature/Date

**Chaperone Guidelines:**

Groups should generally follow these guideline for chaperone ratios:

- 1 chaperone for every 5 kids age 4-8,
- 1 chaperone for every 7 kids age 9-13,
- 1 chaperone for every 10 kids age 14-18;

Some exceptions apply. School trips chaperoned by classroom teachers, may be allowed to bring less chaperones. Groups planning family trips or serving students with special needs are allowed to bring additional adults. Speaking with the transportation fund coordinator if you have any questions.