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| *ARTS_1st* | Hawai‘i State Foundation on Culture & the Arts  Artists in the Schools Program  Partnership Grant Application Form  SY 2019-2020 SIGNATURE FORM | *HSFCA_logo_rgb* |

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| AITS Contact Statement of Support |
| *I have worked with the Artistic Teaching Partner on this partnership application for an AITS grant.*  *I approve the final application, including the grant request and school share amounts.*  *If the partnership receives an AITS grant, I will work with the other teachers and the artist to provide the residency described in the application.*  *As the AITS Contact, I will be responsible for letting the other teachers know that:*   * *a one-hour professional development session with the artist is required for the residency teachers* * *they need to be present in the classroom at all times during the artist’s sessions* * *their support during and in-between sessions is always appreciated by the teaching artist and makes for a more successful residency* * *any problems that arise should be brought to the teaching artist’s attention immediately* * *their on-line “Individual Teacher Evaluation” is due* ***30 days after the end of the residency, or by May 31, 2020****, whichever is earlier*   *As l the AITS Contact, I will submit the on-line “School Final Report: Residency Data” form* ***30 days after the end of the residency, or by May 31, 2020****, whichever is earlier.*  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  AITS Contact’s Signature Date  **AITS Contact Printed Name**    Additional Comments: |