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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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| Artistic Teaching Partner Statement of Support |
| *I have worked with the school on this partnership application for an AITS grant.*  *I have read through and approve the final application, including the proposed residency costs and grant request.*  *If the partnership receives an AITS grant, I will work with the school to provide the residency described in the application.*  *If there are any changes/updates to the grant application, I will contact HSFCA for approval before implementing them.*  *I will ensure that the residency online final reporting is completed* ***30 days after the end of the residency or by May 31, 2020****, whichever is earliest.*  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ATP’s Signature**  **Date**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ATP Printed Name**  Additional Comments: |