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| *ARTS_1st*  | Hawai‘i State Foundation on Culture & the ArtsArtists in the Schools ProgramPartnership Grant Application FormSY 2019-2020SIGNATURE 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:  |