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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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| Principal Statement of Support |
| *I approve this final partnership application, including the grant request and school share amounts.*  *If the partnership receives an AITS grant, I**certify that my school will contribute 10% of the AITS grant amount received, in cash (not in-kind), towards residency expenses, unless this is an AITS Art in Public Places (APP) application, in which case, there is no cash contribution required from the school.*  *I will ensure that any school share payable to the Artist is processed in a timely manner.*  *I understand that a one-hour professional development session with the artist is required for the residency teachers.*  *I recognize that the whole residency serves as professional development for the faculty, so I will not pull teachers out of their classes during AITS time unless absolutely necessary.*  *I will ensure that all residency online final reporting is completed* ***30 days after the end of the residency or by May 31, 2020****, whichever is earliest.*  *I will thank the representative(s) and senator(s) from the school’s district in writing (c: HSFCA) and invite them to observe some part of the residency.*  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Principal’s Signature Date**  **Principal’s Printed Name**  Additional Comments: |