



State Foundation on Culture & the Arts
Artists in the Schools Program
Partnership Grant Application SY 2020-2021



SIGNATURE FORM

School Name: _____

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, 2021**, whichever is earliest.*

I will thank the representative(s) and senator(s) from the school's district in writing (copy to SFCA) and invite them to observe some part of the residency.

Principal's Signature

Date

Principal's Printed Name

Additional Comments: