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| *ARTS_1st* | State Foundation on Culture & the Arts  Artists in the Schools Program  Partnership Grant Application SY 2022-2023 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.*  *I understand that contributions are not required.If the partnership receives an AITS grant, I**certify that my school will contribute the amount stated in the grant.*  *I will ensure that any school share payable to the Artist is processed in a timely manner.*  *I understand that a professional development session led by the teaching artist for the classroom teachers in optional, however if the application includes professional development, I will ensure that the teachers and teaching artists have time, space and support for it to occur.*  *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 submitted 30 days after the completion of the project or 30 days after the end of the contract, 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: |