



State Foundation on Culture & the Arts
Artists in the Schools Program
Partnership Grant Application SY 2024-2025



SIGNATURE FORM

School Name: _____

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 is 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: