



State Foundation on Culture & the Arts  
Artists in the Schools Program  
Partnership Grant Application  
SY 2025-2027



**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.*

*I understand that this is a two-year residency application, and the school commits to supporting both years if the residency is awarded funding.*

\_\_\_\_\_  
**Principal's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Principal's Printed Name**

Additional Comments: