## **GRANT AGREEMENT FORM (GAF)**

OK AS TO FC... Rm 12-30-13

This form must be signed by the grant recipient or an appointee with *legal* authority to obligate the recipient. **Make a copy for your records. Return** this **ORANGE** copy to the arts council office **within 30 days** to initiate payment.

District Name:	Jefferson County Schools
Federal ID:	
Address:	P. O. Box 34020
County:	JEFFERSON
City: Louisville	<b>State:</b> KY <b>Zip:</b> 40232
District Superintendent Donna Harg	ens
Email/Telephone:	
<b>FY:</b> 2014 APP#: 4071 Program	n: TRSQ3 Grant period: 2/21/2014 - 2/21/2014
Program/Project Description: Bus subs	idy to Stage One Theatre
School: Bowen E	lementary
Contact Teacher: Cathy Jac	ckson
KAC Grant Amount: \$144	
<b>1</b>	OP. Ov. a day of Discours
Kentucky Arts Council	ori Meadows, Executive Director
in the state of th	on medaling process
Schedule for Payment: PLEASE NOTE: You will signed GAF and final report has been received	receive payment within 30 working days of the dates listed below if your
Date 5/1/2014 Amount \$144	Date Amount
IN ACCEPTING THE GRANT THE GRANTEE AG	DEES TO THE EOILOWING CONDITIONS:
IN ACCEPTING THE GRANT, THE GRANTEE AGREES TO THE FOLLOWING CONDITIONS:  1. Return this GAF, with authorized signature, within 30 days of KAC issuance or risk reallocation of your funding. PLEASE	
NOTE: KAC will not release funds for this grant if you have any outstanding Final Reports on previous awards or grants.	
2. Comply with all state and federal requirements, including:	
<ul> <li>Civil Rights Act of 1964</li> <li>Americans with Disabilities Act</li> </ul>	
Other federal and state compliance regularity.	alations
For more complete information regarding your responsibilities and obligations, refer to the enclosed Assurance of	
Compliance document.  3. Acknowledge KAC in all published materials and announcements (print and electronic) per instructions in the enclosed	
award letter.	
4. Return a final report to KAC within 30 days o	
5. KAC may terminate this contract if funds are	not available without incurring any obligation for payment.
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Authorized Signature:	Date:
Authorized Signature:	Date: