

GRANT AGREEMENT FORM (GAF)**OK AS TO FORM**
Bm 1-29-14

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 **State:** KY **Zip:** 40232
District Superintendent: Donna Hargens
Email/Telephone:

FY: 2014 **APP#:** 1020 **Program:** TATS **Grant period:** 2/17/2014 - 2/21/2014
Program/Project Description: 1 Week (5 Days) residency with Alfredo Escobar
School: Hartstern Elementary
Contact Teacher: Debbie Lockyear
KAC Grant Amount: \$600 **Match Required:** \$400
Kentucky Arts Council Lori Meadows **Date:** 12/16/2013
Lori Meadows, Executive Director

Schedule for Payment: PLEASE NOTE: You will receive payment within 30 working days of the dates listed below if your signed GAF has been received by KAC.

Date	Amount	Date	Amount
2/1/2014	\$600		

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:
 - Civil Rights Act of 1964
 - Americans with Disabilities Act
 - Other federal and state compliance regulationsFor 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 of the conclusion of the grant period.
5. KAC may terminate this contract if funds are not available without incurring any obligation for payment.

Authorized Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____

GRANT AGREEMENT FORM (GAF)

ASTO FORM
Rm 1-29-14

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Address: P. O. Box 34020
County: Jefferson
City: Louisville State: KY Zip: 40232
District Superintendent Donna Hargens
Email/Telephone:

FY: 2014 APP#: 1013 Program: TATS Grant period: 3/24/2014 - 3/28/2014

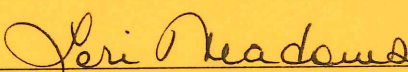
Program/Project Description: 1 Week (5 Days) residency with Gregory Acker

School: Hartstern Elementary

Contact Teacher: Debbie Lockyear

KAC Grant Amount: \$600 Match Required: \$400

Kentucky Arts Council


Lori Meadows, Executive Director

Date 12/16/2013

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