

**GRANT AGREEMENT FORM (GAF)**OK AS TO FORM  
RM 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#:** 1019 **Program:** TATS **Grant period:** 1/31/2014 - 2/6/2014

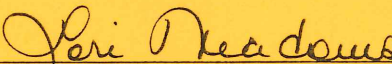
**Program/Project Description:** 2 Weeks (10 Days) residency with Trina Fischer and Kathi Ellis

**School:** Wilder Elementary

**Contact Teacher:** Shelli Barber

**KAC Grant Amount:** \$1200 **Match Required:** \$800

**Kentucky Arts Council**

  
Lori Meadows, Executive Director

**Date** 12/16/2013

**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
1/15/2014	\$1200		

**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:** \_\_\_\_\_