

GRANT AGREEMENT FORM (GAF)

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
District Telephone: 502-485-3251

FY: 2015 APP#: 1001 Program: TATF Grant period: 9/11/2014 - 9/26/2014

Program/Project Description: 1 Week (5 Days) residency with Jim McGee

School: Smyrna Elementary

Contact Teacher: Laura Roth

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

Kentucky Arts Council


Lori Meadows, Executive Director

Date 6/20/2014

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
9/1/2014	\$600		

IN ACCEPTING THE GRANT, THE GRANTEE AGREES TO THE FOLLOWING CONDITIONS:

- 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.
- Comply with all state and federal requirements, including:
 - Civil Rights Act of 1964
 - Americans with Disabilities Act
 - Other federal and state compliance regulations
For more complete information regarding your responsibilities and obligations, refer to the enclosed *Assurance of Compliance* document.
- Acknowledge KAC in all published materials and announcements (print and electronic) per instructions in the enclosed award letter.
- Return a final report to KAC within 30 days of the conclusion of the grant period.
- KAC may terminate this contract if funds are not available without incurring any obligation for payment.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____