GRANT AGREEMENT FORM (GAF)

OK AS TO FORM 0.14 1-5-16

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 Sch	ools			
Federal ID:	61-6001316	DU	NS#: 062	2984430	
Address:	3332 Newburg Rd.		********		
County:	Jefferson County				
City: Louisville	Stat	e: KY		Zip:	40218
District Superintendent	Donna Hargens				
Telephone:	502-485-3436				
EV. 2046 ABBH. TRG	ICD2 202 B	TDCD2 6		47/2046	0/47/0046
FY: 2016 APP#: TRS:	l6R3-292 Program:	TRSR3 Gran	t period: 2/	17/2016	- 2/17/2016
Program/Project Description: Bus subsidy to Stage One Family Theatre / And Then They Came for Me: Remembering the World of Anne Frank					
Roundtrip Mileage:	14		Number o	of buses:	7
School:	Waggener Hig	h School			
Contact Teacher:	Kim Linkhart				
KAC Grant Amount: \$1	96				
Kentucky Arts Council Peri Neadows Date 12/16/2015					
	Lori M	leadows, Execut	ive 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 <u>3/01/2016</u>	Amount \$196	Da	ite	Am	ount
IN ACCEPTING THE GRANT, Return this GAF, with authoriz KAC will not release funds for 9. Comply with all state and • Civil Rights Act of 196 • Americans with Disab	ed signature, within 30 this grant if you have ar federal requirements, ir 4	days of KAC issury oy outstanding fin ncluding:	ance or risk real nal reports on p	location of yo	

Title:

Printed Name: