

C.H 11-1-18

GRANT AGREEMENT FORM (GAF)

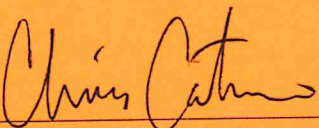
This form must be signed by the grant recipient or an appointee with *legal* authority to obligate the recipient. **Make a copy for your records. Return this ORANGE copy to the arts council office within 30 days to initiate payment.**

District Name: Jefferson County Public Schools
 Federal ID: 61-6001316 DUNS#: 1-616001316
 Address: 3332 Newburg Rd
 County: JEFFERSON
 City: Louisville State: KY Zip: 40218
 District Superintendent Marty Pollio
 Telephone: (502) 485-3011

FY: 2019 APP#: 4002 Program: TRS Grant period: 10/1/18 - 6/30/2019

Program/Project Description: TRS to StageOne_Tale of a Fourth Grade Nothing
 Roundtrip Mileage: 30 Number of buses: 4
 School: Laukhuf Elementary School
 Contact Teacher: Toska Adams
 KAC Grant Amount: \$240

Kentucky Arts Council


 Chris Cathers, Interim Executive Director

Date 10/15/2018

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
02/15/2019	\$240		

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: _____

GRANT AGREEMENT FORM (GAF)**OK AS TO FORM**
CH 11-1-18

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.**

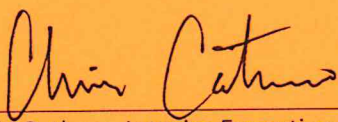
District Name: Jefferson County Public Schools
Federal ID: 61-6001316 **DUNS#:** 1-616001316
Address: 3332 Newburg Rd
County: JEFFERSON
City: Louisville **State:** KY **Zip:** 40218
District Superintendent: Marty Pollio
Telephone: (502) 485-3011

FY: 2019 **APP#:** 4003 **Program:** TRS **Grant period:** 10/1/18 - 6/30/2019

Program/Project Description: TRS to StageOne_True Story of the 3 Little Pigs
Roundtrip Mileage: 30 **Number of buses:** 6
School: Laukhuf Elementary School
Contact Teacher: Toska Adams

KAC Grant Amount: \$360

Kentucky Arts Council


Chris Cathers, Interim Executive Director

Date 10/15/2018

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
04/15/2019	\$360		

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 regulationsFor 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:** _____