

FY24 *Arts Residencies in Schools Grants* (ARSG)

Letter of Commitment

(*Please use School Letterhead*)

**Name of FY24 ARSG Teaching Artist Applicant:**

**Name of School:**

**Residency Start Date:**

**Residency End Date:**
(*Residencies must take place between January 1, 2024 and December 31, 2024*)

**Briefly describe the residency and how the partnering school and collaborating teacher will support the teaching artist to ensure that the residency is successfully implemented.**

*By signing below,* ***(insert school name)*** *understands that if an FY24 Arts Residencies in Schools Grant (ARSG) is awarded to* ***(insert applicant teaching artist name)****, the applicant teaching artist and partner school must comply with all Arts & Humanities Council of Montgomery County FY24 ARSG grant requirements throughout the duration of the grant period. (A full list of FY24 ARSG requirements can be found in the guidelines at* [*https://www.creativemoco.com/grant/arsg/#GuidelinesEligibility*](https://www.creativemoco.com/grant/arsg/#GuidelinesEligibility)*.)*

**Classroom-level Collaborating Teacher:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**School Principal:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_