PART ONE

Sı	ımmary Sheet Form
A.	ORGANIZATION EIN/FEDERAL ID NUMBER: 61-6001240
В.	LEGAL NAME OF ORGANIZATION
	Nelson County Schools
	DBA (if applicable):
C.	ADDRESS: 288 Wildcat Lane
	CITY: Bardstown STATE: Kentucky
	COUNTY: Nelson ZIP: 40004
D.	PHONE: (502) 349-7000 FAX: (502) 349-7004
	ORGANIZATION WEBSITE: www.nelson.kyschools.us
E.	TAX EXEMPTION STATUS 501(c)(3) ✓ Other than 501(c)(3). Please specify:
F.	CONTACT INFORMATION:
	Name of CEO or Executive Director: Anthony Orr
	Phone: (502) 349-7000 Email: Anthony.Orr@nelson.kyschools.us
	Application Contact & Title (if not the CEO or Executive Director):
	Name: Chery Pile Title: Director of Special Education
	Phone: (502) 349-7000 Email: Cheryl pile@nelson.kyschools.us
G.	THIS APPLICATION IS FOR A GRANT OF \$50,000.00
Н.	HOW MANY CHILDREN WITH SPECIAL NEEDS WILL THIS GRANT SERVE, IF AWARDED? KENTUCKY: 663 INDIANA:

Grant Request Information

I. WHAT PROCESS DOES YOUR AGENCY USE IN DECIDING WHAT TO REQUEST? (i.e., peer or supervisory review, priority by classroom or department, etc.)

Director of Special Education along with Director of Elementary and Secondary Schools working together on the district improvement plan- determined students with disabilities are not making academic gains at a rate comparable to same age peers.

J. PURPOSE: Summarize in 100 words or less <u>the purpose</u> for which this money is requested. (Additional detail should be attached to page 9 of application.)

To help increase academic achievement of students with disabilities, Nelson County Schools will implement Co-Teaching for students during the 2014-15 school-year. Co-Teaching will keep students in content classes with 2 teachers versus students being pulled out for special instruction. Training is needed for staff that will be a part of the co-teaching program. After discussion with Marilyn Friend and districts that have began implementation of Co-Teaching the one item suggested would be beneficial to student success would be technology (Ipads). I-pads would allow more hands-on access to technology and would also help to make our white boards interactive.

K. BUDGET:

TOTAL AMOUNT REQUESTED: \$47,900.00

ITEMIZE REQUEST LIST AND COST IN AGENCY PRIORITY:

1.	I Pads (100)	\$ 47,900.00
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
R		\$

(Attach a detailed list with page 9 if requesting multiple items)

Organization Information

L. LIST THE KEY SERVICES YOUR AGENCY PROVIDES FOR CHILDREN AND AGES OF YOUR PRIMARY CLIENTS.

1.	Preschool Educational Services	Ages	3 and 4 years
2.	Educational Services	Ages	5-21years
3.	Speech, Occupational, Physical Therapy	Ages	3-21 years
4.	Transitional Services	Ages	14-21 years

M. LIST THE HOME COUNTIES OF CHILDREN YOU SERVE (If more than 10 counties, include in expanded detail section)

1.	Nelson County	6.	
2.	Bullitt County	7.	
3.	Hardin County	8.	
4.		9.	
5.		10.	

N. SOURCES OF INCOME: Complete the table below for the agency as a whole, based on most recently completed fiscal year.

Percentage		Funding Source
0.7	%	WHAS Crusade for Children
099.3	%	Government grants (federal, state, local)
0	%	Foundations
0	%	Business
0	%	Events (include event sponsorships)
0	%	Individual contributions
0	%	Fees/earned income/tuition
0	%	Workplace giving campaigns
0	%	Other (Please specify:
100	%	TOTAL (must equal 100%)

Complete all sections

Total special education budget:	\$ 4,204,679.78
Percentage of special education budget requested from the WHAS Crusade for Children:	.70 %
Total number of special education staff: (all positions)	88
Number of schools?	11
Percentage of special education budget derived from grants:	0 %
If the Crusade does not fully fund this project, will you proceed with the project? ✓ Yes No	If yes, explain: District will implement Co-Teaching- the amount of technology will be limited.
What are your fundraising plans for the Crusade in your community? If you choose "other", please explain: Basketball Concessions, Soda Tab collection, Prom Dress and Tuxedo Coupons, Raffle.	Payroll deduction Special events Corporate solicitation Other
If you receive a Crusade grant, how do you plan to make your community aware of this and its impact on your agency?	Explain: District Website, Local Newspaper, Board of Education Meetings and PLG (local Station)

Through the Co-Teaching concept students will have the availability to remain in the general education setting with their same age peers and receive content instruction by the content teacher at the same time they are receiving their specially designed instruction from not only the special education teacher. Students will be a part of monitoring their goals and progress. Co-Teaching is a systems approach to continuous improvement in the classroom.

Being able to provide students with the technology will take this project to the next level. We have a bring your own device policy in some of our schools however, so many times our students with disabilities do not have access to a device of their own in some cases because of personal finances. By having more technology in our schools this will allow students access to the devices that will enhance their learning.

Apple Inc. Education Price Quote

Customer:

Pat Clark

NELSON COUNTY SCHOOL DISTRICT Phone: 5023497000 x 201

email: pat.clark@nelson.kyschools.us

Apple Inc:

Andrew Arredondo 12545 Riata Vista Circle

MS: 198-9IES

Austin, TX 78727-6524 Phone: 512-6746506 Fax: 800-5900325 email: andrewa@apple.com

Apple Quote:

2201241020

Quote Date:

8-lan-2014

Quote Valid Until:

7-Feb-2014

Quote Comments:

	Part Number	Details & Comments	Qty	Unit List Price	Extended List Price
1	BJ706LL/A	iPad Air Wi-Fi 16GB - Space Gray (10-pack)	10	4,790.00	47,900.00
		iPad Air Wi-Fi 16GB - Space Gray (10-pack) Part Number: ME894LL/A Quantity: 100			
				Edu List Price Total	47,900.00
				– eWaste Fee / Recycling Fee	0.00

Extended Total Price*

47,900.00

*In most cases Extended discounted Total price does not include Sales Tax *If applicable, eWaste/Recycling Fees are included. Standard shipping is complimentary

Complete your order by one of the following:

- Submit order online as an Authorized Purchaser https://ecommerce.apple.com
- Email a copy of this quote with your Purchase Order and reference Apple Quote number 2201241020 on it institutionorders@apple.com

THIS IS A QUOTE FOR THE SALE OF PRODUCTS OR SERVICES. YOUR USE OF THIS QUOTE IS SUBJECT TO THE FOLLOWING PROVISIONS:

- A. ANY ORDER THAT YOU PLACE IN RESPONSE TO THIS QUOTE WILL BE GOVERNED BY (1) ANY CONTRACT IN EFFECT BETWEEN APPLE INC. ("APPLE") AND YOU AT THE TIME YOU PLACE THE ORDER OR (2), IF YOU DO NOT HAVE A CONTRACT IN EFFECT WITH APPLE, CONTACT austincontracts@apple.com
- B. IF YOU USE YOUR FORM OF PURCHASE ORDER TO PLACE AN ORDER IN RESPONSE TO THIS QUOTE, APPLE REJECTS ANY TERMS SET OUT ON THE PURCHASE ORDER THAT ARE

- INCONSISTENT WITH OR IN ADDITION TO THE TERMS OF YOUR AGREEMENT WITH APPLE.

 C. YOUR ORDER MUST REFER SPECIFICALLY TO THIS QUOTE AND IS SUBJECT TO APPLE'S ACCEPTANCE.

 D. UNLESS THIS QUOTE SPECIFIES OTHERWISE, IT REMAINS IN EFFECT UNTIL 7-Feb-2014 UNLESS APPLE WITHDRAWS IT BEFORE YOU PLACE AN ORDER, BY SENDING NOTICE OF ITS INTENTION TO WITHDRAW THE QUOTE TO YOUR ADDRESS SET OUT IN THE QUOTE APPLE MAY MODIFY ANY PROVISION OF THIS QUOTE, OR CANCEL ANY ORDER YOU PLACE TO THIS QUOTE, OR CANCEL ANY ORDER YOU PLACE TO THIS QUOTE, OR CANCEL ANY ORDER YOU PLACE TO THIS QUOTE, OR CANCEL ANY ORDER YOU PLACE PURSUANT TO THIS QUOTE, IF THIS QUOTE CONTAINS A TYPOGRAPHIC OR OTHER ERROR. E. UNLESS SPECIFIED ABOVE, SHIPPING AND HANDLING ARE INCLUDED IN THE TOTAL PRICE.

Opportunity ID: 158301263 Fax:800-5900325

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Measuring Success or Outcomes:

Measuring success and/or outcomes for this grant will be based on academic gains of individual students as well as student engagement. As students are provided with additional supports that can assist them in being more successful in the classroom student engagement will increase as will student confidence.

Progress:

Progress: With the 2013-14 WHAS grant we have been able to complete out third sensory room. The three rooms provide us with a way to lessen the need for the room over time for a student without the room being non-existent. We have seen a decrease in aggressive behaviors since installing the rooms and having students on a sensory diet as prescribed by our Occupational Therapist.

The Playground surface is waiting to be installed. We are waiting for spring because as our preschool enrollment has grown over the last few months the need for additional space has as well. Prior to pouring the flooring base we are having the architect review expansion plans for the center to ensure the exact location of the playground will not be in jeopardy once the floor has been installed. This has pushed our timeline back but we feel the end result will be better for our students.

SIGNATURE PAGES

All applicants for a WHAS Crusade grant must read and sign each of the following. Failure to comply will result in disqualification of the application.

MUST HAVE ORIGINAL OR CERTIFIED ELECTRONIC SIGNATURES

1.	If a grant is awarded, your agency must agree to submit, on the dates required, a report on the status of the grant. An AGENCY REPORT form must be used.
	Agreed & understood (original signature)
2.	Grant money must be used by August 31, 2015 and requested for reimbursement by September 30, 2015 for the specific purpose listed in the grant. After that date, unspent funds remaining may be retained by the Crusade.
	Agreed & understood (original signature) Church R Pla
3.	If the project involves medical services, the agency must furnish medical, professional or scientific opinion supporting its merits and needs.
	Agreed & understood (original signature) Whyle Plu
4.	Any request from a medical school must be approved and bear the signature of the chairperson of that particular department and dean of the school.
	Agreed & understood (original signature) Church RCU
5.	Any vehicle purchased entirely with Crusade funds may be used only for the transportation of children with special needs. If the vehicle is purchased with partial Crusade funds, the use of the vehicle to transport children with special needs will depend on the percentage of Crusade dollars awarded. The sign on the back or side of the vehicle must state "Funded by the WHAS Crusade for Children, Inc.", or "Partially funded by the WHAS Crusade for Children, Inc."
	Agreed & understood (original signature)
6.	If the project involves education or medical treatment of children, the agency must submit a brief sketch of the educational background and specialized training of the teachers, aides and other persons involved.
	Agreed & understood (original signature)

7.	Most college scholarships in special education are specifically for the preparation of special education teachers in the graduate field and for teachers involved in mainstreaming. Teachers receiving Crusade grants should sign a statement certifying financial need. CRUSADE SCHOLARSHIPS ARE GIVEN FOR THE BENEFIT OF CHILDREN, NOT TEACHERS SEEKING HIGHER PAY LEVEL JOBS. Requests for scholarships must include the approval of the dean of education.
	Agreed & understood (original signature)
8.	Only accredited schools in Kentucky and Indiana will be considered for a grant.
	Agreed & understood (original signature)
9.	Any request from a school or board of education must be approved (in writing) by the superintendent and the president of the school board.
	Agreed & understood (original signature)
10.	Agencies other than universities, colleges or schools must include signed approval of the application by the agency's board president and executive director.
	Agreed & understood (original signature) Chuyl R. D.
	Your agency is expected to respect the Crusade requirement that property of any kind acquired with grant money be held and used only by the applicant for the non-profit purpose designated. It shall not be disposed of without written approval by the Crusade. If an applicant discontinues using the property for the described non-profit purposes, misuses a vehicle or other equipment for other than transporting or treating children with handicaps, or disposes thereof without the Crusade's written approval, the applicant agrees to refund in cash to the Crusade, IMMEDIATELY AND WITHOUT DEMAND, THE ENTIRE AMOUNT OF THE MONEY GRANTED REGARDLESS OF THE AGE OF THE VEHICLE OR PIECE OF EQUIPMENT.
•	This action will be taken by the WHAS Crusade for Children with full
	publicity of the offending agency's misuse of funds donated by the public.
	Agreed & understood (original signature)

- 12. A copy of the agency's latest audit report is required. The audit must be in accordance with standard CAAP/GAAS, performed by a local, independent CPA and dated after December 2011. Audit requirements are as follows:
 - (1) for budgets over \$500,000 an audit is required every year;
 - (2) for budgets between \$251,000 and \$500,000 an audit is required every other year with an approved financial review the years between; and
 - (3) for budgets under \$250,000 an annual approved financial review is required.
- 13. A complete IRS Form 990 must be included with all applications if the agency is required by federal law to file such a form. (Boards of education, for example, are exempt from this requirement.) For all others, the IRS 990 and audit report must cover the same fiscal period.
- 14. A list of the agency's board of directors is required. The list must include names, addresses and each person's title (e.g. president, secretary).

Agreed & understood (original signature) _ Church

15. Your agency's chief operating officer (COO) and the president of your agency's board of directors must sign below approving the request and agreeing to maintain any items purchased with WHAS Crusade for Children funds. (School systems must have superintendent and school board president's approval. Colleges must have president and dean of school approval.)

Superintendent (original signature)

Board President (original signature)

Lawy Jacob

16. A copy of the agency's most recent annual report, if one is published, is required.

Agreed & understood (original signature) _____

NOTE - ONLY ONE COPY OF YOUR AGENCY'S AUDIT IS REQUIRED.

PUBLIC ACCOUNTABILITY STANDARDS

1. I certify that the organization named in this application accounts for its funds in accordance with generally accepted accounting principles (GAAP) and was audited in accordance with generally accepted auditing standards (GAAS) by an independent CPA in the immediately preceding year. (Include the organization's most recently completed annual local independent audit. The audit must cover the fiscal year ending not more than 18 months prior to June 2012.)

Name of Organization Nelson County Schools

Signature	Soution On	_{Title} Superintendent
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	OR	
in accordance wi	th generally accepted ac s annual budget is less	this application accounts for its fund ecounting principles (GAAP). Since than \$250,000, the Crusade require
Name of Organ	Nelson Cou	inty Schools
Signature	Bortian On	_{Title} Superintendent
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The state of the s	he organization named orated under a governm	
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Applicant's signal	cure Anthon	_{Title} Superintendent
Date this applicat	ion was prepared: $01/$	07/2014
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