

# LIVINGSTON COUNTY SCHOOL DISTRICT

## Grant Application Intent to Apply Form

### SECTION 1

### Complete Prior to Grant Submission

Section 1 of form must be completed and returned to Chris Dockins to 1) request LCSD Board approval prior to the submission of any competitive or discretionary grant application and 2) to follow up after receiving funding or denial from funding entity.

**Date:** 9/11/17

**School Name:** LCMS

Name of school where grant project is being submitted.

**Primary Contact for Grant Project:** Amanda Travers  
The on-site staff person responsible for developing the project narrative and implementation plan.

**Phone Number & Email:** 988-3263 amanda.travers@livingston.kyschools.us  
Phone number and email address for the primary contact.

**Grant Program Name:** CAT- Minigrant  
Grant program name as identified by the funding entity, i.e. "Lowe's Toolboxfor Education" or "Dollar General Back to School Grant."

**Funding Entity:** Calvert City  
The name of the organization or entity that is sponsoring the grant program, i.e. "Lowe's Charitable Education Foundation" funds the Lowe's Toolbox for Education.

**Descriptive Project Title:** Middle School Physical Science Kit  
The title by which you refer to the project, or the name of the local grantproject, i.e. "Project REAL (Reaching Expectations as Learners)"

### Description of Project:

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A brief description that includes how the requested funding will be used. Please feel free to be as descriptive as possible and include all components, i.e. "The proposal requests funding for 4 teachers to conduct after school remedial instruction for 40 fourth graders who have failed SOL tests. A healthy snack and transportation home are included in the program."

**Project Director Name & Email:** same as above  
The on-site staff person responsible for implementation if grant is funded, their position & contact information. May be same as Primary Contact.

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**Amount Requested (roughly):** \$1,000  
*Amount to be requested from the funder. Do not include match or school, district, or other contributions.*

**Submission Deadline:** 9/22/17  
*Date the application is due to the funder.*

**Project Dates:** 2017-2018  
*When will the grant start and how long will it run, i.e. January 2014 –December 2015*

**Is a Match Required? If Yes, Amount/Source** no  
*Does the school have to provide any matching funds or in-kind contribution? If so, how much, what is it and who is providing it?*

**Will grant include building modifications, site preparation, construction, or excavation?**  
☒No ☐Yes

(Facilities Director Signature Required) \_\_\_\_\_

**Will this program involve office/classroom space, furniture requirements, transportation, food services, or computers? If so, please describe.**

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\_\_\_\_\_  
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Primary Contact Signature \_\_\_\_\_  
Date \_\_\_\_\_

Principal Signature \_\_\_\_\_  
Date \_\_\_\_\_

<b>SECTION 2</b>	<b>Complete After Grant Award Notification or Denial</b>
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*Complete section 2 after receiving grant award or denial and send copy of completed form, grant narrative or completed application, grant award/denial notification, award check, and any other documentation to Chris Dockins at Central Office.*

**Choose One: Grant Award Notification Received** ☐  
**Grant Denial Received** ☐

**Date Notification Received:** \_\_\_\_\_

Please send completed forms to Chris Dockins at LCSD Central Office Phone: 270-928-2111  
[chris.dockins@livingston.kyschools.us](mailto:chris.dockins@livingston.kyschools.us) Approved by LCSD Board of Education: YES \_\_\_ NO \_\_\_ Date Approved  
\_\_\_\_ Initials \_\_\_\_\_  
Date Forwarded to Finance \_\_\_\_\_ Initials \_\_\_\_\_