## **LIVINGSTON COUNTY SCHOOL DISTRICT Grant Application Intent to Apply Form**

SECTION 1	Complete Prior to Grant Submiss	sion
	npleted and returned to Chris Dockins to 1) request LCSD Board approval preserved and returned to Chris Dockins to 1) request LCSD Board approval preserved and 2 to follow up after receiving funding	
<b>Date:</b> 9/22/17		
School Name:	LCHS	
Name of school where grant	project is being submitted.	
Primary Contact for Gr		-
The on-site staff person resp	onsible for developing the project narrative and implementation plan.	
Phone Number & Email	928-2065 stephanie.weldon@livingston.kyschools.us	
Phone number and email ad	lress for the primary contact.	
Grant Program Name: _	CAT- Minigrant	
	tified by the funding entity, i.e. "Lowe's Toolboxfor Education" or "Dollar Go	eneral
<b>Funding Entity:</b>	Calvert City	
The name of the organization Foundation" funds the Lowe	or entity that is sponsoring the grant program, i.e. "Lowe's Charitable Educa's Toolbox for Education.	ation
Descriptive Project Title	NSTA Elementary Kit 2, Energy Pack, Onecar	
The title by which you refer Expectations as Learners)"	o the project, or the name of the local grantproject, i.e. "Project REAL (Reach	iing
<b>Description of Project:</b>		
-	eacher at Livingston Central High School and have 9 students with function	nal
mental disabilities in my cla	sroom. I use phenomenon based learning in my classroom to better enga	age
	nderstanding of concepts through hands on, inquiry based activities. As pa g science, I will implement OneCar (, a STEM program that allows student:	
explore mechanics, energy	motion, and design; The Energy Discovery Pack, twelve different demons	trations
•	nergy; and the NSTA Elementary School Kit 2, a kit of 10 hands on activitic	es
	sity, electric circuits, magnetism, and energy.	
possible and include all com	des how the requested funding will be used. Please feel free to be as descriptive conents, i.e. "The proposal requests funding for 4 teachers to conduct after sol ourth graders who have failed SOL tests. A healthy snack and transportation ha	hool
<b>Project Director Name &amp;</b>	Email: same as above	
•	onsible for implementation if grant is funded, their position & contact information	tion. May

Amount Requested (rough)	(a) \$904.88
	the funder. Do not include match or school, district, or other contributions.
Submission Deadline:	9/22/17
Date the application is due to the	
Project Dates:	2017-18
When will the grant start and he	ow long will it run, i.e. January 2014 –December 2015
Is a Match Required? If Ye Does the school have to provide providing it?	es, Amount/Sourceno e any matching funds or in-kind contribution? If so, how much, what is it and who is
Will grant include building ⊠No □Yes	modifications, site preparation, construction, or excavation?
(Facilities Director Signature	e Required)
services, or computers? If s	^ <b>=</b>
	no
Principal Signature	
SECTION 2	Complete After Grant Award Notification or Denial
Complete section 2 after recei	iving grant award or denial and send copy of completed form, grant narrative or ward/denial notification, award check, and any other documentation to Chris Dockins
<b>Choose One: Grant Awa</b>	ard Notification Received $\square$
Gr	ant Denial Received $\square$
<b>Date Notification Receive</b>	ed:
chris.dockins@livingston.kysch	Chris Dockins at LCSD Central Office Phone: 270-928-2111  100ls.us Approved by LCSD Board of Education: YES NODate Approved
Initials Date Forwarded to Finance	Initials