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## Kentucky Center for School Safety Safe Schools Allocation Report 2017-2018



School District:		Date:			
Name of Host D	District (if applica	able):			
Superintendent	<b>::</b>				
Contact Person	/Person filling o	ut this report:			
Contact Phone	Number and Em	nail:			
Address:					
Program Name	(if funds are use	ed to support a specific program):			
Other participa	ting districts:				
If you are a coll	aborative distric	t, only document <u>your district's</u> funds.			
Safe School funds <u>spent</u> in previous year (2016/17)	Safe School funds allocated in 2017/18	Program Type	Number of students served (approximately)		
\$	\$	Alternative Education: on-site off-site			
\$	\$	In-School Suspension			
\$	\$	School Resource Officer			

## Signature:

(Person providing Report information)

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**Training Programs** 



Intervention Services (in school counseling,

**Community-Based Programs (Services provided** 

**TOTALS** 

\*\*Provide details on the next page if total is not equal to district allocation\*\*

beyond school, multi-agency or collaborative)

mentoring programs, Second Step, etc.)

**Security Equipment (please specify):** 

Other- Please provide description:

<sup>\*</sup>You do not need to sign/submit Page 2 unless additional explanations were provided in the box.\*

more details or explanations in the box below:							
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Signature:

Please submit this document along with a PDF of your 2016-2017 168C MUNIS Project Report to nadine.johnson@eku.edu or mail to

Kentucky Center for School Safety Attn: Nadine Johnson Eastern Kentucky University 111 Stratton Building 521 Lancaster Ave. Richmond, KY 40475-3102

Due: December 1, 2017

In the subject line of your email, please type: [District] FY17 Safe Schools Allocation

