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: 12/8/17

School Name: Livingston Central High School

Name of school where grant project is being submitted.

Primary Contact for Grant Project: Mary Dunning

The on-site staff person responsible for developing the project narrative and implementation plan.

Phone Number & Email: 270-988-3263 mary.dunning@livingston.kyschools.us

Phone number and email address for the primary contact.

Grant Program Name: FY 18 Equipment Assistance Grant

Grant program name as identified by the funding entity, i.e. "Lowe's Toolboxfor Education" or "Dollar General Back to School Grant."

Funding Entity: KDE

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: LCHS Serving Lines Update

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:

Request is for 2 hot serving counters and 2 cold serving counters to update the two serving lines.

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: Mary Dunning mary.dunning@livingston.kyschools.us

The on-site staff person responsible for implementation if grant is funded, their position & contact information. May be same as Primary Contact.

Amount Requested (roughly): $25,000
Amount to be requested from the funder. Do not include match or school, district, or other contributions.

Submission Deadline: 12/4/17
Date the application is due to the funder.

Project Dates: Jan -Sept 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.

Food services- update to LCHS serving lines

Primary Contact Signature Mary Dunning
Date 12-11-17

Principal Signature _____
Date _____

SECTION 2 **Complete After Grant Award Notification or Denial**

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 Approved by LCSD Board of Education: YES ___ NO ___Date Approved _____ Initials _____
Date Forwarded to Finance _____ Initials _____