

FUNDING REQUEST FORM

Title of Request: Livingston County Parent Café

Date of Request: 3/2/18

Amount Requested: \$3000

This request is for: ☒ Program or Project ☐ Organizational Support

☐ Other (please describe): _____

Contact Information:

Organization Name Livingston County Board of Education, 127 E. Adair Street, Smithland, KY 42081

Street Address City State Zip Code

270-928-2111

Phone Number

Fax Number

Stephanie Henson, Family First Coordinator/CE Director stephanie.henson@livingston.kyschools.us

Contact Name Title Email and / or Telephone Number

Victor Zimmerman, Superintendent 270-928-2111

Executive Leader (if different than contact) Title Email and / or Telephone Number

Total Organizational Budget: \$ (2016) \$ (2015) \$ (2014)

Is your organization tax exempt under 501 (C) (3)? ☐ Yes ☒ No

Is your organization a designated minority owned business enterprise? ☐ Yes ☒ No

Is your organization a designated disability owned business enterprise? ☐ Yes ☒ No

Is your organization a designated woman owned business enterprise? ☐ Yes ☒ No

1. Organization's mission statement: Mission: In Livingston County Schools, our mission is to Live RED--
Reaching Excellence Daily.

Vision: In Livingston County Schools, our vision is to provide a culture of rigorous, engaging,
and differentiated learning for every student, every day.

2. Organization's geographic service area: Livingston County

3. Please summarize the purpose of the grant request: After meaningful discussion in our HCC with Jerrod, we concluded that mental health was a target area..

4. Please summarize the overarching goal: Host an environment that promotes and develops transformative conversations that promote well-being among the families and citizens of our community, specifically in the area of mental health.

5. Time period of the support: May 2018 to June 2019

6. Is there a publishing opportunity: ?

Complete within 30 days of support ending Date: _____

6. Total touches this Community Health Investment supports:

7. Member vignette:

8. Non-Member vignette:

9. Vender Vignette:

10. How will this investment be promoted?

11. What is the Community Health Investment supporting (Paragraph):

12. Outcomes expected with this support:
