

Request to Place an Item on the AgendaName: Holly LawornAddress: TCCHSTelephone number: 270-265-2506

Name of school children attend, if applicable: _____

Group represented: Girls' SoccerCheck if request was submitted to: ☒ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Detrick KinneyDescription of Issue: grant application - California CasualtySpecific Action Requested: permission to apply for California Casualty Athletics Grant for Girls' SoccerCheck if you are: ☐ Board Member ☒ District Employee ☐ Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/06

School Information

Name of Public Middle/High School Applying for Grant <u>Todd County Central High School</u>			School District <u>Todd</u>
School Address <u>606 S Main Street</u>			School Website URL
City <u>Elkton</u>	State <u>KY</u>	Zip <u>42220</u>	School Phone <u>(270) 265-2500</u>
Name of Principal* <u>Deatrik Kinney</u>			Principal's Email* <u>deatrik.kinney@todd.kyschools.us</u>
Name of Athletics Director* <u>Marnie Broady</u>			Athletics Director's Email* <u>marnie.broady@todd.kyschools.us</u>

Applicant Information

Your Name <u>Holly Lawson</u>		Your Phone <u>(270) 265-2500</u>
Your Title <u>Asst. Girls Soccer Coach / Teacher</u>		Your Email <u>holly.lawson@todd.kyschools.us</u>
Are you an employee of the school listed above? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Are you a current member of the NEA or other participating educator association? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
If yes, which Association? NEA <input type="checkbox"/> ACSA <input type="checkbox"/> CASE <input type="checkbox"/> COSA <input type="checkbox"/> KASA <input type="checkbox"/> NASA <input type="checkbox"/> UASSP <input type="checkbox"/> Other <input type="checkbox"/>		
Name of your NEA local association, if applicable.		
If no, what is the name of the member who referred you? <u>Jason Gibson</u>		
Please provide the referring member's contact information. Email <u>jason.gibson@todd.kyschools.us</u> Phone <u>(270) 265-2500</u>		
Name of the referring member's NEA local association, if applicable. <u>KEA</u>		
What is your affiliation with the sports program at the High School for which the application is being submitted? Coach <input checked="" type="checkbox"/> Athletics Director <input type="checkbox"/> Parent <input type="checkbox"/> Team Fan <input type="checkbox"/> Booster <input type="checkbox"/> Other <input type="checkbox"/>		

*Please notify your Principal and Athletics Director that you have submitted an application for the California Casualty Thomas R. Brown Athletics Grant on behalf of your school. Email addresses are required for communication purposes.

**Refer to Guidelines & Conditions for participating educator associations.

For award consideration for your school, please answer the questions below.

- What school sport would benefit from this grant? Girls Soccer
- How many students are in this sports program?
1-20 ☐ 21-49 ☒ 50-75 ☐ 76-100 ☐ 101-200 ☐ over 200 ☐
- What grade levels? 6-12
- Is it a school-sanctioned or publicly funded sports program? Yes ☒ No ☐
If no, explain.
- This is a boys ☐ girls ☒ co-ed ☐ sport.
- Does your program receive any funding from the School District? Yes ☒ No ☐
- Is this sports program in jeopardy of being eliminated? Yes ☐ No ☒

- 8) How is this program being impacted by budget cuts? Please explain.

Our soccer program, like every other program, in our district, is being affected by budget cuts. For us personally, we can not afford to give the girls the proper equipment or training they need without asking parents to help pay out of pocket. For example, we would like to be able to have a summer camp provided for the team without having to have parents/kids

- 9) Grant amount requested \$ 2500

- 10) If awarded, how would the grant funds be allocated? Please be specific and provide an itemized budget.

If awarded this grant we would use the money for new uniforms and/or equipment if possible. This is typically our largest purchase we have to make. We have to buy new uniforms every three years. and we don't want to spend what small amount of funds we have left just on those.

- 11) How would your program benefit from a California Casualty grant?

It would benefit our program tremendously to be able to receive this grant. All of the money we are given through the year is all through fundraising. While our coaches & players do a great job of working hard to reach our set goal, sometime

- 12) How did you learn about the California Casualty Thomas R. Brown Athletics Grant Program?

California Casualty Employee _____

Applied last year _____

My Association Leadership/Rep _____

Athletic Director _____

Email _____

Colleague ✓

Internet _____

I'm a California Casualty customer _____

Publication—Which one? _____

Other _____

there are only so many items to sell and people to sell to or ask donations from.

- 13) Please send me information on other education related community impact opportunities as they become available. Yes ✓ No _____

Please return the completed application form by email, fax or mail.

Email: athletics_grant@calcas.com

Fax: 650.572.4327

Mail: California Casualty

Attn: Athletics Grant Coordinator, CD-1

1875 S Grant St, Suite 800

San Mateo, CA 94402-7014

Thank you for your application! Please sign below.

Applicant's Signature <u>Haley Lawson</u>	Date <u>11/27/18</u>
Principal's Signature (Required) <u>[Signature]</u>	Date _____

I am an active employee at the public middle or high school for which the application is being submitted and a current member, or have been referred by a current member, of the state NEA affiliate or a participating educator association outlined in the program guidelines. I authorize California Casualty to verify all information contained in this application. I understand that any intentionally false or misleading information may result in the cancellation of award. If awarded, California Casualty is authorized to publish my name and photo (if requested), my school's name and grant award details in promotional materials.

Application must be received by January 15 for award consideration in the current school year.