

**Kentucky Department of Education
School Security Funds Request Form FY21**

1	District:	<u>Jefferson County</u>	District #	<u>275</u>	For KDE Internal USE only
---	-----------	-------------------------	------------	------------	--------------------------------------

2	District's Allotted School Security Funds				
	a. School Security Funds:	<u>2,615,669</u>			
	b. Previous approved SSR	<u>575,787</u>			
	Total Allowable Funds Per District	\$ <u>2,039,882</u>			

3	Retroactive Security Project				
	<input type="checkbox"/> YES		Date:	<u>various</u>	
	<input checked="" type="checkbox"/> NO				

4	Schedule A.	Description and Location Detail			
	School Name	Description of Expenditures	BG# N/A Date	Expenditure Amount Requested	
	Churchill Park Rehab	Classroom Window Coverings	9171087-0610-900XS	4/28/2021	\$244
	Norton Commons ES	Classroom Window Coverings	3711118-0610-900XF	4/28/2021	\$1,315
	Kammerer MS	Classroom Window Coverings	1621077-0610-900XF	4/28/2021	\$1,486
	Wilt ES	Classroom Window Coverings	1171077-0739-900XF	4/28/2021	\$828
	Smyrna ES	Classroom Window Coverings	0871077-0739-900XF	4/28/2021	\$219
	Duvalle Education CTR	Classroom Window Coverings	DE11219-0739-900XS	5/14/2021	\$244
	Thomas Jefferson MS	Classroom Window Coverings	PO2122349 0901077-0739-900XF	3/27/2021	\$6,668
	Hawthorne ES	Classroom Window Coverings	PO2119693 0481077 0739 900XF	3/9/2021	\$1,859
	Waller Williams Envir	Walk through Metal Detector	PO2131298 0341077-0739-900XS	5/27/2021	\$4,761
5	Total Schedule A: Current Requested Amount				\$17,624
6	Remaining School Security Funds				\$ 2,022,258

7. I certify to the accuracy and completeness of this School Security Funds Request Form. I attest local board approval has been obtained for this request. I certify the School Security Request form has been properly reviewed and submitted in accordance with the guidelines and instructions promulgated by the Kentucky Department of Education .

Local Board Approval Date: _____

Superintendent Signature: _____ Print: _____ Date: _____

Finance Officer Signature: _____ Print: _____ Date: _____

FOR KDE INTERNAL USE ONLY - REVIEWED BY THE DIVISION OF DISTRICT SUPPORT

SSR Tracking # _____	Approval Amount: _____
DFRB Reviewed By: _____	DATE: _____
Approved DFRB: _____	DATE: _____
Approved Facilities Branch: _____	DATE: _____
Approved Divison of District Support Director: _____	DATE: _____