

**WOODFORD COUNTY BOARD OF EDUCATION  
AGENDA ITEM**

**ITEM #:**            **DATE:** February 22, 2022

**TOPIC/TITLE:** Apply for and accept (if granted) the KSBCF grant

**PRESENTER:** Tracey Francis 

**ORIGIN:**

- ☐ TOPIC PRESENTED FOR INFORMATION ONLY (No board action required.)
- ☒ ACTION REQUESTED AT THIS MEETING
- ☐ ITEM IS ON THE CONSENT AGENDA FOR APPROVAL
- ☐ ACTION REQUESTED AT FUTURE MEETING:            (DATE)
- ☐ BOARD REVIEW REQUIRED BY
  
- ☐ STATE OR FEDERAL LAW OR REGULATION
- ☐ BOARD OF EDUCATION POLICY
- ☐ OTHER:

**PREVIOUS REVIEW, DISCUSSION OR ACTION:**

- ☒ NO PREVIOUS BOARD REVIEW, DISCUSSION OR ACTION
- ☐ PREVIOUS REVIEW OR ACTION
  
- ☐ DATE:
- ☐ ACTION:

**BACKGROUND INFORMATION:**

Kristin Garffie, teacher of the visually impaired, would like to apply and accept (if awarded) a grant through the Kentucky School for the Blind Charitable Foundation.


**SUMMARY OF MAJOR ELEMENTS:**

Kristin Garffie would like to apply, and accept if awarded, the KSBCF (Kentucky School for the Blind Charitable Foundation) grant.

**IMPACT ON RESOURCES:** Will be an additional source of revenue if awarded.

**TIMETABLE FOR FURTHER REVIEW OR ACTION:**

**SUPERINTENDENT'S RECOMMENDATION:** ☒ Recommended            ☐ Not Recommended

  
\_\_\_\_\_



# **Kentucky School for the Blind Charitable Foundation**

## **GRANT APPLICATION GUIDELINES**

### **Requirements for Submission of Grant Requests:**

- Requests for funding will only be accepted through submission of a grant application.
- **Application Deadline:** Requests must be submitted by **January 1, April 1, July 1, or October 1** for consideration.
- Applicants must be blind or visually impaired and a resident of Kentucky or must be an organization that serves those who are blind or visually impaired in Kentucky.
- Applicants who need assistance completing grant forms or require a specific format may contact our office at (502) 897-3990.

### **Applicants Must Submit the Following Documents with the Application:**

- Student applicants must include a low vision eye exam done within the last three years.
- Student applicants grades K-12 must include a copy of the student IEP.
- Student applicants grades K-12 must include either an Assistive Technology Evaluation or Functional Learning Media Assessment.
- Student applicants grades K-12 must include a letter from a Teacher of the Visually Impaired (TVI) specifying the need for the equipment/grant.
- College student applicants must submit a letter of recommendation from a teacher, counselor, or other professional.
- Kentucky Office of Vocational Rehabilitation/Office for the Blind (OFB) clients must submit a letter of recommendation from a Vocational Rehabilitation/OFB counselor.

***Incomplete applications and/or applications without  
supporting documents will be returned.***



# Kentucky School for the Blind Charitable Foundation

## GRANT APPLICATION FORM

### Individual Applicant

Name: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Is the applicant a student? \_\_\_\_\_ Grade level: \_\_\_\_\_ TVI: \_\_\_\_\_

School Attending: \_\_\_\_\_ County: \_\_\_\_\_

Is the applicant a client of Vocational Rehabilitation/Office for the Blind? \_\_\_\_\_ Counselor: \_\_\_\_\_

Is the applicant enrolled in: ☐ vocation training ☐ college courses ☐ Other: \_\_\_\_\_

Name of College/Workplace: \_\_\_\_\_

Eye Condition / Acuity: \_\_\_\_\_

Name of parent/guardian (if applicable): \_\_\_\_\_

### Organization Applicant

Contact: \_\_\_\_\_ Executive Director/Administrator: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_ E-mail: \_\_\_\_\_

Is the organization a 501(c)(3)? \_\_\_\_\_ Please provide the Federal ID number: \_\_\_\_\_

Number of employees: \_\_\_\_\_ Annual operating budget: \_\_\_\_\_

Services provided: \_\_\_\_\_

Mission statement: \_\_\_\_\_

Type (adults, children, elderly, etc.) and number of population served: \_\_\_\_\_

## Grant Request

You must include either a dollar amount for a grant funding request or list the type of assistive technology requested with an estimated cost.

Grant dollar amount requested (if applicable): \$ \_\_\_\_\_

Assistive technology requested (if applicable): \_\_\_\_\_

Estimated cost of assistive technology: \$ \_\_\_\_\_

### Purpose of the Grant:

Date needed: \_\_\_\_\_

Please provide a brief statement explaining the purpose of the grant request addressing the following:

- Detailed description of the request (i.e. provide the reason for the request/need, the specifications of assistive technology/ equipment, etc.)
- Explain how the grant or assistive technology will make a difference to your current situation.
- Budget and/or itemization of cost(s)
- Any additional relevant information

If requesting assistive technology, please include an impact statement addressing the following:

- What specific activities is the requested device needed for?
- How will the requested device help with those activities and/or needs?
- How will the device benefit the applicant?
- Does the applicant know how to effectively use the requested device or will the applicant need training? If so, who will provide the training?

Has the applicant had an assessment by a Low Vision Specialist, TVI, OFB Technology Specialist or other appropriate evaluation? ☐ YES ☐ NO (If yes, please attach a copy of the assessment)

Has funding been requested from any other source (i.e. school system, special education cooperative, Office for the Blind)? ☐ YES ☐ NO

If yes, list the organizations or agencies to which you requested funding:

What is the status? ☐ Pending ☐ Funded (Amount \$ \_\_\_\_\_ ) ☐ Not Funded

If not funded, please list the reason for denial: \_\_\_\_\_

**I hereby state that I answered the above information accurately and to the best of my ability.**

\_\_\_\_\_  
Signature of Applicant or Parent/Guardian

\_\_\_\_\_  
Date

### Please submit this application to:

Kentucky School for the Blind Charitable Foundation  
Attn: Grant Review Committee  
214 Haldeman Avenue  
Louisville, Kentucky 40206

**Fax:** (502) 897-3194  
**E-mail:** nroth@ksbcf.org  
**Phone:** (502) 897-3990

OFFICE USE ONLY

Date Application Received: \_\_\_\_\_

Notes: \_\_\_\_\_