KENTUCKY EDUCATION TECHNOLOGY FUNDING PROGRAM FUND UTILIZATION PLANNING FORM

DUE DATE: 60 days from receipt of Offers Notification

| Name of District: Marion County Schools | |
|--|--|
| 1 st Offer of Assistance Amount: \$33575 | |
| Declaration of Intentions: Check only one | |
| The entire amount of the Offer of Assistance | ce will be matched at the present time. |
| The entire amount of the Offer of Assistance choose only one: | ce will be escrowed for up to: |
| □ 1 year | |
| ☐ 2 years | |
| ☐ 3 years | |
| ☐ The entire amount of the Offer of Assistance | e is rejected. |
| | g matched at the present time in the amount of |
| The remaining amount of \$ (maximum of 3). | will be escrowed for years |
| The remaining amount of \$ | will be rejected. |
| We agree to abide by the policies passed by the Kento Construction Commission, and appropriate state regu | |
| | |
| | 11/9/23 |
| Superintendent Signature | Date |

Please be sure to include with this document:

- 1. Excerpt of Board of Education meeting minutes (accepting, escrowing, or rejecting offer).
- 2. Copy of <u>Journal Ledger Proof</u> from MUNIS accounting system demonstrating transfer of funds to **Fund 2, Project 162K**, if amount is being matched at the present time.

Return to:

Email: KETS-Offers@education.ky.gov (preferred method)

or

Mail: Kentucky Department of Education 300 Sower Blvd, 4th Fl, Frankfort, KY 40601 Attention: Caprice Gay

SCHOOL ACTIVITY FUND FUNDRAISER & CROWDFUNDING APPROVAL

| School | WMES | |
|---|---|---------|
| Activity Account | Student Activity | |
| External Support/Booster Organization | , | |
| Name of Fundraiser | Wish List-Gundraiser | |
| Website (if applicable) | | |
| Sponsor | Daniel Maltingly | |
| Date Submitted | 10-18-23 | |
| Purpose of fundraising activity: To provide the oppo Community to donate Items to be sold or items requested for donation: | supplies for our classidom | 5 |
| Clorox wipes, paper tou | bels, tissues, baby wipeg, Expo Marker | 5, Cand |
| Beneficiary/sport of fundraising activity: | 5 students | |
| Anticipated profit and plans for excess funds: | | |
| Date(s) scheduled: Wow. 15th Ma | y (5+ les, custodians, etc.): | |
| Daniel Mattingly | | |
| | | |
| Sponsor | Date | c |
| Principal SBDM Council (If Council Policy) | Not Approved 10-17-23 Date 10-17-23 Date | |
| | CEIVE Board Approval Date (if applicable) | • |

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