

**WOODFORD COUNTY BOARD OF EDUCATION
AGENDA ITEM**

ITEM #: **DATE:** May 19, 2025

TOPIC/TITLE: Capital Funds Request

PRESENTER: Shane Smith

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:

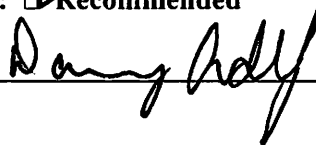
Capital funds request to use the remaining \$93,468 to offset a portion of property insurance in FY25.

SUMMARY OF MAJOR ELEMENTS:

IMPACT ON RESOURCES:

TIMETABLE FOR FURTHER REVIEW OR ACTION:

SUPERINTENDENT'S RECOMMENDATION: ☒ Recommended ☐ Not Recommended



**Kentucky Department of Education
Capital Funds Request Form**

1	District: <u>Woodford</u>	District #: _____	FY <u>2025</u>		For KDE Internal USE only
2	Capital Outlay Fund 310 - Complete Only On Initial FY Request				
	a. Capital Outlay Fund 310 SEEK Amount	\$ <u>93,468</u>			
	b. Carryover	_____			
	c. Interest Earned	_____			
	d. Escrowed SFCC	_____	SFCC Approval Date: _____		
3	Total Available Capital Outlay Fund 310 Revenue (Lines 2a+2b+2c+2d)			\$ <u>93,468</u>	
4	Building Fund 320 - Nickels - Complete Only On Initial FY Request				
	a. Building Fund 320 Nickel SEEK Amount	_____			
	b. Carryover	_____			
	c. Interest Earned	_____			
	d. Additional Nickel(s) Not Shown on SEEK Calculation	_____			
	e. Escrowed SFCC	_____	SFCC Approval Date: _____		
5	Total Available Building Fund 320 Revenue (Lines 4a+ 4b+ 4c+ 4d+ 4e)			\$ <u>-</u>	
Construction Fund 360 - Available Funds From Closed BGs					
6	1st Associated BG number	_____	BG-5 or Revised BG Approval Date: _____		
	a. Remaining Capital Funds	_____			
7	2nd Associated BG number	_____	BG-5 or Revised BG Approval Date: _____		
	a. Remaining Capital Funds	_____			
8	3rd Associated BG number	_____	BG-5 or Revised BG Approval Date: _____		
	a. Remaining Capital Funds	_____			
9	Total Available Fund 360 Revenue From BGs (Lines 7+8+9)			\$ <u>-</u>	
10	Previous Remaining Available Capital Funds - **Complete Only On Subsequent CFRs				
	Previous Remaining Available Capital Funds (Line 17 of previous CFR)	_____	CFR Tracking #: _____		
11	Adjustment to SEEK Calculation Capital Outlay Fund and/or Building Fund Amounts **				
	Adjustment to SEEK Calculation	_____			
12	Capital Funds Commitments (Expenditures):				
	a. FY ___ Debt Service	_____			
	b. FY ___ Fund 310 and Fund 320 <u>BG-1 Cash</u>	_____			
	BG-#(s): _____				
13	Total Capital Funds Commitments (Expenditures) (lines 14a+14b)			\$ <u>0</u>	
14	Available Capital Funds after Commitments (lines 3+5+9+10+11-13)			\$ <u>93,468</u>	
15	Current Requested Expenditure Detail				
	MUNIS Object Code	Description	Expenditure Amount Requested	Associated BG-# (If applicable)	
	0522	Request to use excess 310 Capital Outlay cash to reimburse GF for portion of property insurance.	\$ <u>93,468</u>		
16	Total Amount Requested			\$ <u>93,468</u>	
17	Total Remaining Capital Funds Available after Capital Funds Request (lines 14-15)			\$ <u>-</u>	
<p>18. I certify to the accuracy and completeness of this Capital Funds Request along with the validity of all BG forms, SFCC escrow amounts, interest earned, and other data. I attest local board approval has been obtained for this Request. I certify the Capital Funds Request form has been properly reviewed and submitted in accordance with the guidelines and instructions promulgated by the Kentucky Department of Education.</p>					
		Local Board Approval Date: _____			
Superintendent Signature: _____		Print: _____		Date: _____	
Finance Officer Signature: _____		Print: _____		Date: _____	
KDE USE ONLY - REVIEWED BY THE DIVISION OF DISTRICT SUPPORT					
CFR Tracking # _____		Approval Letter Amount: _____			
Fund 1 (%): _____		Fund 1 Balance (dollars): _____			
Funding & Reporting Reviewed By: _____		Date: _____			
Approved Funding & Reporting: _____		Date: _____			
Approved Facilities Branch: _____		Date: _____			