

**WOODFORD COUNTY BOARD OF EDUCATION
AGENDA ITEM**

ITEM #: VII E **DATE:** February 23, 2026

TOPIC/TITLE: Approve Grants

PRESENTER: Administrators

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:

Per Board Policy, grant applications must be pre-approved.

SUMMARY OF MAJOR ELEMENTS:

We are requesting Board Approval to apply for and accept if awarded: Strengthening Health Integration in Education for Kentucky Students (SHINE KY) School-Based Services (Any Oates); Elementary Archery Program Reactivation Grant (Huntertown).

IMPACT ON RESOURCES:

TIMETABLE FOR FURTHER REVIEW OR ACTION:

SUPERINTENDENT'S RECOMMENDATION: Recommended Not Recommended

Jeri Jones

Woodford County Schools

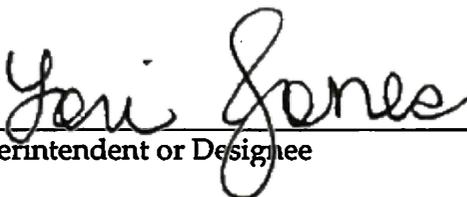
Preliminary Grant Proposal Form

After completing and printing this form as a Word document, please send it—along with grant application details or instructions—to the Superintendent's Office.

1. Project title: Huntertown Elem. Archery program reactivation grant
2. School(s): Huntertown Elementary
3. Your name: Coach Moore
4. Your e-mail address: jonathon.moore@woodford.kyschools.us
5. Phone number: 859-519-8664
6. Source of grant: Ky NASP via the National Archery in the Schools Program
7. Amount of request: \$ \$1,500
8. Proposal deadline: Equipment order deadline Feb. 28
9. Today's date: Feb. 9, 2026
10. Briefly describe the project: Improve archery experience for Huntertown students
11. What items do you plan to purchase? Arrow Bag, Targets, Arrows, Repair kits, Vanes, Poundage Gauge
12. What will you ask Woodford County Schools to contribute? Signature
13. What is the duration of this grant? Expires if not submitted by deadline
14. Who will write the grant proposal? Pre-approved by State Coordinator. Will use NASP order form using instructions provided with Pre-approval.

Approved to complete grant application

Not approved. Reason:



Superintendent or Designee

2/18/26

Date

Woodford County Schools

Preliminary Grant Proposal Form

After completing and printing this form as a Word document, please send it—along with grant application details or instructions—to the Superintendent’s Office.

1. Project title: Strengthening Health Integration in Education for Kentucky Students (SHINE KY) School-Based Services
2. School(s): District
3. Your name: Tracey Francis
4. Your e-mail address: tracey.francis@woodford.kyschools.us
5. Phone number:
6. Source of grant: Cabinet for Health and Family Services (CHFS), Kentucky Department for Medicaid Services (DMS)
7. Amount of request: \$ 50,000-\$250,000
8. Proposal deadline: March 13, 2026
9. Today’s date: February 17, 2026
10. Briefly describe the project: Grant funding has been made available to address critical gaps and enhance existing behavioral health services related to school-based Medicaid program and expanded access
11. What items do you plan to purchase? Clinical billing/documentation software
12. What will you ask Woodford County Schools to contribute? Nothing
13. What is the duration of this grant? July 1, 2026-June 30, 2027
14. Who will write the grant proposal? Amy Oates

Approved to complete grant application

Not approved. Reason:



Superintendent or Designee

2/18/26

Date