Christian County School District

200 Glass Avenue

Hopkinsville, KY

# INTENT TO APPLY FOR GRANT FUNDING Superintendent’s Cabinet Approval Required for Grants Exceeding $3,500

School/Service Area:       Date:

### Grant Writer(s):

### Title of Grant/Fund:

Name of Grantor:       Source of Grant: State  Federal  Private  Other

Amount and Duration of Funding: $      From:       To:

Is grant renewable?       If yes, for how long?

Purpose for which funding will be used:

Does this grant support the district Comprehensive District Improvement Plan?

**If yes**, which goal? (Check all that apply)

* Goal 1: Increase the average combined reading and math K-PREP scores for high school students from 37.8% to

68.9%, middle schools students from 34.1% to 67.1%, and elementary students from 40.9% to 70.5% by 2017.

* Goal 2: Increase the district graduation rate from 78.9% to 85% by 2015
* Goal 3: Increase the average combined reading and math proficiency ratings for all students in the non-duplicated gap

group from 28.8% in 2012 to 64.4% in 2017

* Goal 4: Increase the percentage of graduating students who are college and career ready from 39.2% to 62% by 2015.

**If no**, what district need does it address?

Grant Application Deadline:       Planned Implementation Date:

**Matching Requirements, District Support, and Partners:**

Is a match required?       If so, how will match be obtained?

How will program components be continued after grant funding has expired?

Is there expectation of Christian County Public Schools fiscal support of the program?

If so, please describe:

Please list any partners beyond the CCPS that will be part of this grant application:

What are the allowable indirect costs (for payroll/purchasing) in this grant?      %

**Evaluation:**

Is an External Evaluator required?

If so, please list evaluator name/affiliation:

If not, who will complete evaluation and reporting requirements?

**Potential Impacts:**

Describe how this grant will impact:

Existing facilities (including classroom or office space, other)

Existing personnel       Existing programs

Business or Personnel Office:

Has grant been discussed with everyone who will be impacted by it?

## *If received, I certify that I will send a copy of the grant award letter to Jessica Darnell, Director of Business.*

Site Administrator’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Grant Seeker’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Before Beginning to Write for Grant:**

### Please forward this Intent to Apply with a copy of Project Proposal for Superintendent’s Cabinet review to Susie Hartline, Director of Comprehensive and Strategic Planning, Christian County Public Schools, (270) 887- 7008.

### Before Submitting Grant to Funder:

Please forward a **completed** copy of the proposal to Susie Hartline. A completed proposal must be approved and on file before the application will be signed and approved for submission. If School Board approval is necessary, a minimum of 14 -calendar days notice is required.

### District Use Only:

### Approval to write:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_