

BULLITT COUNTY PUBLIC SCHOOLS
GRANT INTENT TO APPLY FORM

This form must be submitted at least **15 business days** before the grant deadline.

BCPS Representative/Project Director Name: _____

Position:

School/Department: _____

Contact Number:

Grantor/Funding Organization: _____

Funding Request Amount:

Due Date: _____

Grant Term Dates/Duration:

Project Name:

Project Description: What methods will be used and what is the implementation plan? For example, does the grant involve instructional time, taking students out of class for fieldtrips, outside curriculum materials, after school activities, etc.? What will occur, when and how often?:

How does this grant align with the BCPS mission statement, “*The Bullitt County Public Schools learning community will educate all students to high levels of academic performance as measured by state and national standards by creating and maintaining a positive learning environment with a comprehensive system of support?*”:

What are the **measurable** goals and outcomes?:

Grade level of students served: _____

Total number of students impacted by grant:

Does the grant financially obligate the district after the end date? Namely, will project activities continue after the grant ends?: Yes _____ No _____

If yes, how will those activities be funded?:

Does the funder require matching funds/in-kind contributions?: Yes _____ No

If yes, what is the amount and source of matching funds or in-kind contribution?:

Are new staff/faculty positions included in the budget?: Yes _____ No

If yes, indicate the job title and grade level:

Please attach the following documents:

A copy of the grant application and eligibility requirements

Project Director Signature: _____

Date: _____

Principal/Department Head Signature: _____

Date: _____

Deliver/email completed, signed form to:

jackie.roth@bullitt.kyschools.us
District Grant Writer

For questions, please call (502) 869-8171