**Kentucky Department of Education**

**Nita M. Lowey 21st Century Community Learning Program**

# **PURCHASE REQUEST**

Please submit the form to your **KDE Consultant**.

**Region 1 and 2:** [Tammy Cash](mailto:tammy.cash@education.ky.gov) **/ Regions 3 and 5:** [Leslie Spears](mailto:Leslie.Spears@education.ky.gov) **/ Regions 4, 6 and 7:** [Glenna Cummins](mailto:Glenna.cummins@education.ky.gov)

**(FOR KDE USE ONLY) kde consultant / Date of Approval:**

**Date Submitted:** Click or tap to enter a date.

**Grant Cycle:** Click here to enter text.

**Grant Type:** Choose an item.

**pROJECT cODE:** Choose an item.

**Fiscal Agent:** Click here to enter text.

**Co-applicant:** Click here to enter text.

**School(s) Served:** Click here to enter text.

**Physical Address:** Click here to enter text.

**district:** Click here to enter text.

**Site Coordinator:** Click here to enter text.

**Program Director:** Click here to enter text.

**Name of Staff Member Submitting Report:** Click here to enter text.

**E-mail/Phone:** Click here to enter text.

**CURRENT NUMBER of regular attendees:** Click here to enter text.

**CURRENT NUMBER of daily attendees:** Click here to enter text.

**\*Include the total cost of all items listed on pages one and two.**

|  |  |
| --- | --- |
| **Item(s) to be Purchased** | **Invoice Price** |
| Click or tap here to enter text. | $Click here to enter text. |
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| **Total Amount Requested (make sure to add all lines on pages 1 and 2)** | $Click here to enter text. |
| --- | --- |

**PROGRAM AREA OF USE:**

Tutoring

Homework Help

Enrichment

Club

STEM

Credit Recovery

Career/Job Training

Literacy

Reading Intervention

Transition Readiness

GAP Reduction

ACT/SAT Prep

Global Learning

Family Literacy

SEL

Drama

Fitness

Health/Nutrition

Life Skills

Gardening

Service Learning

Drug Prevention

Character Ed.

Youth Leadership

Truancy Prevention

Community Service

Mentoring

Mental Health

Visual Arts

**Do you currently have any of the items you are requesting to purchase?** Yes No

**If yes, how many?** Click here to enter text.

**Will any of the items be used during the school day?** Yes No

**If yes, please explain.**

* Click here to enter text.

**Who will be facilitating activities with the items being purchased?**

Site Coordinator

Program Director

Math Teacher

Reading Teacher

Science Teacher

Reading Interventionalist

Grant Partner  **Name:** Click or tap here to enter text.

**Please attach or provide research and/or evidence-based information, if applicable. The vendor you are purchasing from would have this information.**

* Click or tap here to enter text.

**List performance goals and performance indicators each purchase supports in their entirety.**

* Click here to enter text.

**Please identify what academic performance measures are expected because of each purchase.**

* Click or tap here to enter text.

**What data was used to determine the need for this purchase?**

* Click or tap here to enter text.

**What assessment will be used with this purchase?**

* Click or tap here to enter text.

**Where will the items requested be stored, and who will have access?**

* Click or tap here to enter text.