**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 **/ Regions 3 and 5:** Leslie Spears **/ Regions 4, 6 and 7:** Glenna Cummins

**(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. |
| 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.