



Turner USD Grant Approval Form
To be submitted with Grant Application

1. Person(s) Filing for Grant: Ashley Copple
2. Building/Department: Parents as Teachers
3. Phone Number: 913-288-4197
4. Email: copplea@turnerusd202.org
5. Grant Title: Family Resource Center Grant
6. Granting Agency: DCF
7. Grant Website: _____

Application:

- New
 Renewal
 Continuation

8. Grant Period: 11 / 01 / 2022 (start date)
06 / 30 / 2024 (end date)

9. Grant Summary:

A maximum of ten awards to local sites will be issued statewide for the funding period of 11/1/22 to 06/30/24. A maximum award amount for the initial 20 month term of \$208,333 with up to 3 one-year renewals with an annual maximum of \$125,000. Awards are subject to the availability of funds and any modifications or additional requirements that may be imposed by law. If approved, we would like to use the funds to maintain and expand early childhood program activities:

Weekly Toddler Tuesday, Rhyme Time, play groups, and Teen Parent group. Monthly Story-time at local apartment complexes.
Annual events (baby shower, gathering at the garden, pre-k backpacking event). Twice a year parenting classes, etc.

10. Required Matching Fund: Yes No

If yes, list name of party agreeing to match funds and the amount required.

Name: _____

Amount: _____

Additional Notes:

No matching funding is required

Required Signatures

Building Principal Signature: Deborah Meyer Hunt Date: 09 / 19 / 22

Applicant Signature: Ashley Copple Date: 9 / 26 / 22

Supervisor of Business Services: Justin Woodbury Date: 9 / 16 / 22

Asst. Superintendent of Student Services: _____ Date: / /

Board of Education President: _____ Date / /