



**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: TANF Two Generations (2Gen) RFP
- 6. Granting Agency: DCF
- 7. Grant Website: \_\_\_\_\_

Application:

- New
- Renewal
- Continuation

8. Grant Period: July /01 /2024 (start date)  
June /30 /2026 (end date)

9. Grant Summary:

At total of \$4 million dollars is available to distribute across programs in Kansas. This grant supports a variety of projects, one of them being home visiting. This is a reimbursement grant and expenditure reports will be submitted quarterly. We are requesting \$95,940 for the two year grant period.

Funds will be utilized to support individual home visits for up to 90 families including: books for each visit, handouts, binders, folders, fine motor activity supplies, development centered backpacks, office and staff supplies, and training for staff.

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: <u>[Signature]</u>	Date: <u>10 / 30 / 23</u>
Applicant Signature: <u>Ashley Copple</u>	Date: <u>10 / 30 / 23</u>
Supervisor of Business Services: <u>[Signature]</u>	Date: <u>10 / 30 / 23</u>
Asst. Superintendent of Student Services: _____	Date: <u> / /</u>
Board of Education President: _____	Date: <u> / /</u>