**Kentucky Department of Education**

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

# **2023-2024 Technology Purchase Request Form**

Complete and submit to KDE Consultant for prior approval if requesting technology items such as software, computers, iPads, Chromebooks, or other technology related items.

**Region 1 and 2:** Tammy Dowell **/ Regions 3 and 5:** Leslie Spears **/ Regions 4, 6 and 7:** Glenna Cummins

**(FOR KDE USE ONLY) kde consultant / Date of Approval:** Click or tap here to enter text. **/** Click or tap to enter a date.

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

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

**Grant Type:** 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 or tap here to enter text.

**CURRENT Number of Daily attendees:** Click or tap here to enter text.

|  |  |
| --- | --- |
| **Item(s) to be Purchased** | **Invoice Price** |
| Click here to enter text. | $Click here to enter text. |
| Click here to enter text. | $Click here to enter text. |
| Click here to enter text. | $Click here to enter text. |
| Click here to enter text. | $Click here to enter text. |
| Click here to enter text. | $Click here to enter text. |
| Click here to enter text. | $Click here to enter text. |

| **Total Amount Requested** |  $Click here to enter text. |
| --- | --- |

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

**If yes, how many:** Click or tap here to enter text.

**Please identify all equipment or technology that has already been purchased for your program and include the quantity of each:** Click or tap here to enter text.

**Will any of the items you are requesting to purchase be used during the school day?** [ ]  **Yes** [ ]  **No**

**If yes, please explain.** Click or tap 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 Interventionist [ ]

Grant Partner [ ] Click or tap here to enter text.

Other [ ] Click or tap here to enter text.

**Did you consult with the district technology lead to ensure these items are compatible with the district/school?** Click or tap here to enter text.

**Performance Goals/Performance Indicators:** List (write out) the performance goal(s) and performance indicator(s) in the grant application that is/are associated with this purchase.

Click or tap here to enter text.

**Purpose:** Provide a detailed purpose and use for the intended items.

Click or tap here to enter text.

**Inventory:** Does your program site tag all technology and equipment items purchased with 21st Century program funds “Property of 21st CCLC” and maintain these purchases as required on the Program Inventory List?

[ ]  **Yes** [ ]  **No**

**Storage:** How will the items and accessories be stored for safety to prevent theft or damage?

Click or tap here to enter text.