

**KENTUCKY EDUCATION TECHNOLOGY FUNDING PROGRAM  
FUND UTILIZATION PLANNING FORM**

Name of District \_\_\_\_\_

Declaration of Intentions: (Check Only One)

\_\_\_\_ The entire amount of the Offer of Assistance will be matched at the present time.

\_\_\_\_ The entire amount of the Offer of Assistance will be escrowed for up to  
    \_\_\_\_ 1 year.  
    \_\_\_\_ 2 years.  
    \_\_\_\_ 3 years.

\_\_\_\_ The entire amount of the Offer of Assistance is rejected.

\_\_\_\_ A portion of this Offer of Assistance is being matched at the present time in the amount of  
    \$\_\_\_\_\_.

    The remaining amount of \$\_\_\_\_\_ will be escrowed for \_\_\_\_\_ years  
    (maximum of 3 years).

    The remaining amount of \$\_\_\_\_\_ will be rejected.

We agree to abide by the policies passed by the Kentucky Board of Education, School Facilities Construction Commission, and appropriate state regulations regarding the use of the funds.

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date

**Please be sure to include with this document:**

1. Excerpt of Board of Education meeting minutes (accepting, escrowing, or rejecting offer).
2. Copy of Journal Ledger Proof from MUNIS accounting system demonstrating transfer of funds to **Fund 2, Project 162F**, if amount is being matched at the present time.

Return to:

Email: kristi.[russell@ky.gov](mailto:kristi.russell@ky.gov)

or

Mail: School Facilities Construction Commission  
700 Louisville Road, Frankfort, KY 40601  
Attention: Kristi Russell

**Within Sixty (60) days**