

Second Offer
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 NOTE NO BOARD ACTION IS REQUIRED FOR SECOND OFFERS

Please be sure to include with this document:

1. 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

or

Mail: School Facilities Construction Commission

700 Louisville Road, Frankfort, KY 40601

Attention: Kristi Russell

Within Sixty (60) days