**Attachment 1. Application Form**



**Kentucky Energy and Environment Cabinet**

**Office of Energy Policy**

**300 Sower Blvd, 3rd Floor Frankfort, Kentucky 40601**

**(502) 564-7192**

**Coal Education 2019**

**Grant Program Application**

***This Application is available on-line at energy.ky.gov***

Applicant Information – Please provide a description in the boxes below for each section

**Applicant Name:**

Click here to enter text.

*(Organization that will enter into the Grant Agreement*)

**Applicant is a:**

**Educational Institution or System  Non-Profit Organization**

**Mailing Address:**

Click here to enter text.

**Contact Name:** Click here to enter text. **Title:**  Click here to enter text.

**Phone Number**: Click here to enter text. **Email:**  Click here to enter text.

**Organization Number:** Click here to enter text. **Federal Employer** Click here to enter text.

*(issued by the Secretary of State’s Office)*  **Identification Number (FEIN)**

**Project Location – Where project is located or to be implemented**

**County:** Click here to enter text. **City:**  Click here to enter text.

**Project Title:**  Click here to enter text.

**Project Category:**

Coal education programs, materials and/or events directed toward

education and awareness – focusing on the future of coal resources

Projects that advance in-depth understanding of coal operations, clean coal technologies, electricity production and use and emission issues as well as foster interest in the pursuit of energy-related science and economic careers at the post-secondary level.

Projects that provide education based on an evaluation and analysis of Kentucky’s coal-fired generation as it relates to the reliability and affordability of the power grid and as it compares to other energy resources.

**Executive Summary:** *(No more than 1200 words)*

Click here to enter text.

***Project Narrative (max. 15 pages) must be submitted as part of this application.***

**Project Funding Summary**

Grant Amount Requested Click here to enter text.

Provide a brief Cost-Benefit Description: (No more than 600 words)

Click here to enter text.

***Budget Justification documents must be submitted as part of this application.***

**Applicant**

**Authorized Signature** **Date**

**Printed Name Printed Title**

**Partner (if applicable)**

**Authorized Signature** **Date**

**Printed Name Printed Title**

When you have completed this form, print, sign, and make a copy for your records. Return the original and three copies to the address at the top of this application.