



Laura Gorman <lgorman1@dcsdk12.org>

## [EXTERNAL] Confirmation - Menstrual Hygiene Products Accessibility Application 2022-2023

1 message

Smartsheet Forms <forms@app.smartsheet.com>  
To: Laura.Gorman@dcsdk12.org

Fri, Oct 14, 2022 at 2:20 PM

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Thank you for submitting your application. If you have any questions or need to update any responses or attachments prior to the application deadline, please contact Mandy Christensen at [Christensen\\_A@cde.state.co.us](mailto:Christensen_A@cde.state.co.us).

### Menstrual Hygiene Products Accessibility Application 2022-2023

|   |  |
|---|--|
| <b>Local Education Provider (LEP) Organization Name</b> | Douglas County School District Re-1  |
| <b>LEP Code</b>   | 0900   |
| <b>Mailing Address</b>                                  | 701 Prairie Hawk Dr., Castle Rock, CO 80109                                      |
| <b>Applicant Type</b>                                   | Charter School Authorized by School District                                     |
| <b>Region</b>   | Metro  |
| <b>Authorized Representative</b>                        | Laura Gorman   |
| <b>Title</b>  | Grant & Federal Programs Manager   |
| <b>Telephone</b>  | +1 (720) 433-1257  |
| <b>E-mail Address</b>                                   | <a href="mailto:Laura.Gorman@dcsdk12.org">Laura.Gorman@dcsdk12.org</a>           |
| <b>Program Contact</b>                                  | Susan McAlonan   |
| <b>Title</b>  | Executive Director of Student Support Services                                   |
| <b>Telephone</b>  | +1 (720) 402-3000  |
| <b>E-mail Address</b>                                   | <a href="mailto:Susan.McAlonan@hopeonline.org">Susan.McAlonan@hopeonline.org</a> |
| <b>Fiscal Manager</b>                                   | Laura Gorman   |
| <b>Telephone</b>  | +1 (720) 433-1257  |
| <b>E-mail Address</b>                                   | <a href="mailto:Laura.Gorman@dcsdk12.org">Laura.Gorman@dcsdk12.org</a>           |

**1) Indicate the number of schools anticipated** 2

**to be served with these funds:**

**2) Indicate the number of students enrolled in the district/BOCES/Charter/Facility School/Colorado School for the Deaf and Blind:** 1767

**3) Indicate the number of restrooms, including gender-neutral, on the property (for all participating schools):** 75

**4) Indicate which activities are you requesting funds for (select all that apply):** Acquiring and distributing menstrual hygiene products at no expense to students.

**5) Indicate the amount of funding you are requesting.** \$2,500

**6) Did the district/charter school/BOCES/Facility School/CSDB receive funding from the Menstrual Hygiene Products Accessibility Program in FY21-22 (last school year)?** Yes

## File Attachments

 **0900\_DCSD\_Assurance Page.pdf** (153k)

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