

Kentucky Department of Education
REVISED Award Notification

1 Name and Address of Recipient: Agency Name Dayton Independent Street Address 200 Clay Street City, State Zip Dayton, KY 41074	2 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Donna Tackett – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16 th Fl., CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description Title I, School Improvement Funds Fund Source Title I, Part A Section 1003 (a) CFDA# 84.010A MUNIS Project Number 3203 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB, Title I, Part A Section 1003(a), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 REVISED Award Amount: \$110,000 (\$5,000 per school MUST be budgeted for supplies) Dayton Middle School \$55,000, Dayton High School \$55,000	11 Evaluations:
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. The final Federal Cash Request must be submitted by December 6, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: June 14, 2013

Kentucky Department of Education
REVISED Award Notification

1 Name and Address of Recipient: Agency Name Fayette County Street Address 701 E Main Street City, State Zip Lexington, KY 40502	2 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Donna Tackett – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16 th Fl., CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description Title I, School Improvement Funds Fund Source Title I, Part A Section 1003 (a) CFDA# 84.010A MUNIS Project Number 3203 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB, Title I, Part A Section 1003(a), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 REVISED Award Amount: \$55,000 Bryan Station High School (\$5,000 MUST be budgeted used for supplies)	11 Evaluations:
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. The final Federal Cash Request must be submitted by December 6, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: June 14, 2013

Kentucky Department of Education
REVISED Award Notification

1 Name and Address of Recipient: Agency Name Fleming County Street Address 211 W Water Street City, State Zip Flemingsburg, KY 41041	2 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Donna Tackett – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16 th Fl., CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description Title I, School Improvement Funds Fund Source Title I, Part A Section 1003 (a) CFDA# 84.010A MUNIS Project Number 3203 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB, Title I, Part A Section 1003(a), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 REVISED Award Amount: \$55,000 Fleming County High School (\$5,000 MUST be budgeted used for supplies)	11 Evaluations:
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. The final Federal Cash Request must be submitted by December 6, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: June 14, 2013

Kentucky Department of Education
REVISED Award Notification

1 Name and Address of Recipient: Agency Name Hopkins County Street Address 320 S Seminary Street City, State Zip Madisonville, KY 42431	2 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Donna Tackett – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16 th Fl., CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description Title I, School Improvement Funds Fund Source Title I, Part A Section 1003 (a) CFDA# 84.010A MUNIS Project Number 3203 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB, Title I, Part A Section 1003(a), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$55,000 Hopkins County Central High School (\$5,000 MUST be budgeted used for supplies)	11 Evaluations:
6 REVISED Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. The final Federal Cash Request must be submitted by December 6, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: June 14, 2013

Kentucky Department of Education
REVISED Award Notification

1 Name and Address of Recipient: Agency Name Jefferson County Street Address PO Box 34020 City, State Zip Louisville, KY 40232	2 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Donna Tackett – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16 th Fl., CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description Title I, School Improvement Funds Fund Source Title I, Part A Section 1003 (a) CFDA# 84.010A MUNIS Project Number 3203 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB, Title I, Part A Section 1003(a), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 REVISED Award Amount: \$275,000 (\$5,000 per school MUST be budgeted for supplies) Frederick Law Olmstead Academy North \$55,000, Myers Middle School \$55,000, Stuart Middle School \$55,000, Thomas Jefferson Middle School \$55,000, Westport Middles School \$55,000	11 Evaluations:
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. The final Federal Cash Request must be submitted by December 6, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: June 14, 2013

Kentucky Department of Education
REVISED Award Notification

1 Name and Address of Recipient: Agency Name Knox County Street Address 200 Daniel Boone Drive City, State Zip Barbourville, KY 40906	2 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Donna Tackett – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16 th Fl., CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description Title I, School Improvement Funds Fund Source Title I, Part A Section 1003 (a) CFDA# 84.010A MUNIS Project Number 3203 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB, Title I, Part A Section 1003(a), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$55,000 Knox Central High School (\$5,000 MUST be budgeted for supplies)	11 Evaluations:
6 REVISED Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. The final Federal Cash Request must be submitted by December 6, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: June 14, 2013

Kentucky Department of Education
REVISED Award Notification

1 Name and Address of Recipient: Agency Name Lee County Street Address PO Box 668 City, State Zip Beattyville, KY 41311	2 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Donna Tackett – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16 th Fl., CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description Title I, School Improvement Funds Fund Source Title I, Part A Section 1003 (a) CFDA# 84.010A MUNIS Project Number 3203 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB, Title I, Part A Section 1003(a), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 REVISED Award Amount: \$55,000 Lee County High School (\$5,000 MUST be budgeted for supplies)	11 Evaluations:
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. The final Federal Cash Request must be submitted by December 6, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: June 14, 2013

Kentucky Department of Education
REVISED Award Notification

1 Name and Address of Recipient: Agency Name Lincoln County Street Address PO Box 265 City, State Zip Stanford, KY 40484	2 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Donna Tackett – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16 th Fl., CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description Title I, School Improvement Funds Fund Source Title I, Part A Section 1003 (a) CFDA# 84.010A MUNIS Project Number 3203 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB, Title I, Part A Section 1003(a), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 REVISED Award Amount: \$55,000 Lincoln County High School (\$5,000 MUST be budgeted for supplies)	11 Evaluations:
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. The final Federal Cash Request must be submitted by December 6, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: June 14, 2013

Kentucky Department of Education
REVISED Award Notification

1 Name and Address of Recipient: Agency Name Livingston County Street Address PO Box 219 City, State Zip Smithland, KY 42081	2 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Donna Tackett – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16 th Fl., CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description Title I, School Improvement Funds Fund Source Title I, Part A Section 1003 (a) CFDA# 84.010A MUNIS Project Number 3203 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB, Title I, Part A Section 1003(a), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 REVISED Award Amount: \$55,000 Livingston Central High School (\$5,000 MUST be budgeted for supplies)	11 Evaluations:
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. The final Federal Cash Request must be submitted by December 6, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: June 14, 2013

Kentucky Department of Education
REVISED Award Notification

1 Name and Address of Recipient: Agency Name Monticello Independent Street Address 161 College Street City, State Zip Monticello, KY 42633	2 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Donna Tackett – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16 th Fl., CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description Title I, School Improvement Funds Fund Source Title I, Part A Section 1003 (a) CFDA# 84.010A MUNIS Project Number 3203 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB, Title I, Part A Section 1003(a), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$55,000 Monticello High School (\$5,000 MUST be budgeted for supplies)	11 Evaluations:
6 REVISED Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. The final Federal Cash Request must be submitted by December 6, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: June 14, 2013

Kentucky Department of Education
REVISED Award Notification

1 Name and Address of Recipient: Agency Name Perry County Street Address 315 Park Ave City, State Zip Hazard, KY 41701	2 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Donna Tackett – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16 th Fl., CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description Title I, School Improvement Funds Fund Source Title I, Part A Section 1003 (a) CFDA# 84.010A MUNIS Project Number 3203 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB, Title I, Part A Section 1003(a), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 REVISED Award Amount: \$55,000 Perry County High School (\$5,000 MUST be budgeted for supplies)	11 Evaluations:
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. The final Federal Cash Request must be submitted by December 6, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: June 14, 2013

Kentucky Department of Education
REVISED Award Notification

1 Name and Address of Recipient: Agency Name Pulaski County Street Address PO Box 1055 City, State Zip Somerset, KY 42502	2 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Donna Tackett – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16 th Fl., CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description Title I, School Improvement Funds Fund Source Title I, Part A Section 1003 (a) CFDA# 84.010A MUNIS Project Number 3203 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB, Title I, Part A Section 1003(a), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$55,000 Pulaski County High School (\$5,000 MUST be budgeted for supplies)	11 Evaluations:
6 REVISED Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. The final Federal Cash Request must be submitted by December 6, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: June 14, 2013

Kentucky Department of Education
REVISED Award Notification

1 Name and Address of Recipient: Agency Name Simpson County Street Address 430 South College Street City, State Zip Franklin, KY 42135	2 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Donna Tackett – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16 th Fl., CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description Title I, School Improvement Funds Fund Source Title I, Part A Section 1003 (a) CFDA# 84.010A MUNIS Project Number 3203 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB, Title I, Part A Section 1003(a), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 REVISED Award Amount: \$55,000 Franklin-Simpson High School (\$5,000 MUST be budgeted for supplies)	11 Evaluations:
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. The final Federal Cash Request must be submitted by December 6, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: June 14, 2013

Kentucky Department of Education
REVISED Award Notification

1 Name and Address of Recipient: Agency Name Trimble County Street Address PO Box 275 City, State Zip Bedford, KY 40006	2 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Donna Tackett – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16 th Fl., CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description Title I, School Improvement Funds Fund Source Title I, Part A Section 1003 (a) CFDA# 84.010A MUNIS Project Number 3203 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB, Title I, Part A Section 1003(a), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 REVISED Award Amount: \$55,000 Trimble County High School (\$5,000 MUST be budgeted for supplies)	11 Evaluations:
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. The final Federal Cash Request must be submitted by December 6, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: June 14, 2013