

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Agency Name Bourbon County Schools Street Address 3343 Lexington Rd City, State Zip Paris, KY 40361	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Judy Littleton 502-564-3792 Ext 4027 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard 502-564-2979 Ext 4322 Street Address 500 Mero St., 16 th Fl., CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input checked="" 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 FY14 Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A MUNIS Project Number 3114 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 C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$354,294	11 Evaluations: N/A
6 Period of Award: July 1, 2013 – September 30, 2014	
12 Consortia/Partnership Members: _____	
13 Special Instructions/Conditions: All funds must be spent down and no more than 15% of awarded amount to be carried over in to FY15 with approval. Following the Migrant Carryover Approval Process funds carryover request must be submitted 30 days prior to end of date of grant. The final Federal Cash Request must be submitted by December 10, 2014. Migrant Education suggest 25% of awarded amount used for Summer Program.	
14 Authorized By (Name/Title): Donna Tackett, Director Date: August 8, 2013 <div align="center">Division of Consolidated Plans and Audits</div>	

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Agency Name Caldwell County Schools Street Address PO Box 229 City, State Zip Princeton, KY 42445	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Judy Littleton 502-564-3792 Ext 4027 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard 502-564-2979 Ext 4322 Street Address 500 Mero St., 16 th Fl., CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input checked="" 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 FY14 Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A MUNIS Project Number 3114 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 C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$107,273	11 Evaluations: N/A
6 Period of Award: July 1, 2013 – September 30, 2014	
12 Consortia/Partnership Members: Caldwell \$36,414; Hopkins \$40,350; Trigg \$30,509	
13 Special Instructions/Conditions: All funds must be spent down and no more than 15% of awarded amount to be carried over in to FY15 with approval. Following the Migrant Carryover Approval Process funds carryover request must be submitted 30 days prior to end of date of grant. The final Federal Cash Request must be submitted by December 10, 2014. Migrant Education suggest 25% of awarded amount used for Summer Program.	
14 Authorized By (Name/Title): Donna Tackett, Director Date: August 8, 2013 <p align="center">Division of Consolidated Plans and Audits</p>	

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Agency Name Daviess County Schools Street Address PO Box 21510 City, State Zip Owensboro, KY 42304	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Judy Littleton 502-564-3792 Ext 4027 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard 502-564-2979 Ext 4322 Street Address 500 Mero St., 16 th Fl., CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input checked="" 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 FY14 Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A MUNIS Project Number 3114 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 C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$300,165	11 Evaluations: N/A
6 Period of Award: July 1, 2013 – September 30, 2014	
12 Consortia/Partnership Members: Daviess \$271,625; Owensboro \$28,540	
13 Special Instructions/Conditions: All funds must be spent down and no more than 15% of awarded amount to be carried over in to FY15 with approval. Following the Migrant Carryover Approval Process funds carryover request must be submitted 30 days prior to end of date of grant. The final Federal Cash Request must be submitted by December 10, 2014. Migrant Education suggest 25% of awarded amount used for Summer Program.	
14 Authorized By (Name/Title): Donna Tackett, Director	Date: August 8, 2013

Division of Consolidated Plans and Audits

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Agency Name Graves County Schools Street Address 2290 State Route 121 N. City, State Zip Mayfield, KY 42066	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Judy Littleton 502-564-3792 Ext 4027 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard 502-564-2979 Ext 4322 Street Address 500 Mero St., 16 th Fl., CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input checked="" 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 FY14 Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A MUNIS Project Number 3114 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 C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$88,574	11 Evaluations: N/A
6 Period of Award: July 1, 2013 – September 30, 2014	
12 Consortia/Partnership Members: _____	
13 Special Instructions/Conditions: All funds must be spent down and no more than 15% of awarded amount to be carried over in to FY15 with approval. Following the Migrant Carryover Approval Process funds carryover request must be submitted 30 days prior to end of date of grant. The final Federal Cash Request must be submitted by December 10, 2014. Migrant Education suggest 25% of awarded amount used for Summer Program.	
14 Authorized By (Name/Title): Donna Tackett, Director Date: August 8, 2013 <div align="center">Division of Consolidated Plans and Audits</div>	

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Agency Name Marion County Schools Street Address 755 E Main St City, State Zip Lebanon, KY 40033	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Judy Littleton 502-564-3792 Ext 4027 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard 502-564-2979 Ext 4322 Street Address 500 Mero St., 16 th Fl., CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input checked="" 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 FY14 Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A MUNIS Project Number 3114 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 C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$127,940	11 Evaluations: N/A
6 Period of Award: July 1, 2013 – September 30, 2014	
12 Consortia/Partnership Members: _____	
13 Special Instructions/Conditions: All funds must be spent down and no more than 15% of awarded amount to be carried over in to FY15 with approval. Following the Migrant Carryover Approval Process funds carryover request must be submitted 30 days prior to end of date of grant. The final Federal Cash Request must be submitted by December 10, 2014. Migrant Education suggest 25% of awarded amount used for Summer Program.	
14 Authorized By (Name/Title): Donna Tackett, Director Date: August 8, 2013 <p align="center">Division of Consolidated Plans and Audits</p>	

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Agency Name Pulaski County Schools Street Address PO Box 1055 City, State Zip Somerset, KY 42502	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Judy Littleton 502-564-3792 Ext 4027 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard 502-564-2979 Ext 4322 Street Address 500 Mero St., 16 th Fl., CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input checked="" 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 FY14 Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A MUNIS Project Number 3114 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 C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$217,497	11 Evaluations: N/A
6 Period of Award: July 1, 2013 – September 30, 2014	
12 Consortia/Partnership Members: _____	
13 Special Instructions/Conditions: All funds must be spent down and no more than 15% of awarded amount to be carried over in to FY15 with approval. Following the Migrant Carryover Approval Process funds carryover request must be submitted 30 days prior to end of date of grant. The final Federal Cash Request must be submitted by December 10, 2014. Migrant Education suggest 25% of awarded amount used for Summer Program.	
14 Authorized By (Name/Title): Donna Tackett, Director Date: August 8, 2013 <p align="center">Division of Consolidated Plans and Audits</p>	

