

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name        Adair County Schools Street Address      1204 Greensburg St. City, State Zip      Columbia, KY 42728	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant    Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address          500 Mero Street, 8 <sup>th</sup> Floor CPT Budget Contact         Judy Howard; (502) 564-1979 Ext. 4322 Street Address          500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip              Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description <b>Migrant Education</b> Fund Source              Title I, Part C Migrant Education CFDA#                      84.011A PR/AWARD NUMBER (FAIN)    S011A140017 MUNIS Project Number        311A MOA Number                N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount: \$159,780.00</b>	<b>11 Evaluations:</b>
<b>6 Period of Award: July 1, 2014 – September 30, 2016</b> Contingent upon Special Instructions/Conditions in Box 13	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions</b> <b>All funds must be spent down to no more than 15% of awarded amount by September 30, 2015. If more than 15% of award amount remains the district may apply to carry over the funds. Carryover amount will be the available budget ending 1<sup>st</sup> Quarter FY16, September 30, 2015. Follow the Migrant Carryover Approval Process for carryover request beyond. The request must be submitted to Regional Center at least 30 days prior to September 30, 2015. The final Federal Cash Request for this project must be submitted by December 10, 2016. Migrant Education suggests 25% of awarded amount used for Summer Program.</b>	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> October 6, 2014

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name        Barren County Schools Street Address      202 W Washington St. City, State Zip      Glasgow, KY 42141	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant    Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address        500 Mero Street, 8 <sup>th</sup> Floor CPT Budget Contact        Judy Howard; (502) 564-1979 Ext. 4322 Street Address        500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip            Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description <b>Migrant Education</b> Fund Source            Title I, Part C Migrant Education CFDA#                    84.011A PR/AWARD NUMBER (FAIN)    S011A140017 MUNIS Project Number        311A MOA Number                N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount: \$152,430.00</b>	<b>11 Evaluations:</b>
<b>6 Period of Award: July 1, 2014 – September 30, 2016</b> Contingent upon Special Instructions/Conditions in Box 13	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions</b> <b>All funds must be spent down to no more than 15% of awarded amount by September 30, 2015. If more than 15% of award amount remains the district may apply to carry over the funds. Carryover amount will be the available budget ending 1<sup>st</sup> Quarter FY16, September 30, 2015. Follow the Migrant Carryover Approval Process for carryover request beyond. The request must be submitted to Regional Center at least 30 days prior to September 30, 2015. The final Federal Cash Request for this project must be submitted by December 10, 2016. Migrant Education suggests 25% of awarded amount used for Summer Program.</b>	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> October 6, 2014

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name Bourbon County Schools Street Address 3343 Lexington Rd. City, State Zip Paris, KY 40361	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 <sup>th</sup> Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A140017 MUNIS Project Number 311A MOA Number N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount:</b> \$312,565.00	<b>11 Evaluations:</b>
<b>6 Period of Award:</b> July 1, 2014 – September 30, 2016 Contingent upon Special Instructions/Conditions in Box 13	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions</b> All funds must be spent down to no more than 15% of awarded amount by September 30, 2015. If more than 15% of award amount remains the district may apply to carry over the funds. Carryover amount will be the available budget ending 1 <sup>st</sup> Quarter FY16, September 30, 2015. Follow the Migrant Carryover Approval Process for carryover request beyond. The request must be submitted to Regional Center at least 30 days prior to September 30, 2015. The final Federal Cash Request for this project must be submitted by December 10, 2016. Migrant Education suggests 25% of awarded amount used for Summer Program.	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> October 6, 2014

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name Caldwell County Street Address 612 W. Washington St City, State Zip Princeton, KY 42445	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 <sup>th</sup> Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A140017 MUNIS Project Number 311A MOA Number N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount:</b> \$91,384.00	<b>11 Evaluations:</b>
<b>6 Period of Award:</b> July 1, 2014 – September 30, 2016 Contingent upon Special Instructions/Conditions in Box 13	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions</b> All funds must be spent down to no more than 15% of awarded amount by September 30, 2015. If more than 15% of award amount remains the district may apply to carry over the funds. Carryover amount will be the available budget ending 1 <sup>st</sup> Quarter FY16, September 30, 2015. Follow the Migrant Carryover Approval Process for carryover request beyond. The request must be submitted to Regional Center at least 30 days prior to September 30, 2015. The final Federal Cash Request for this project must be submitted by December 10, 2016. Migrant Education suggests 25% of awarded amount used for Summer Program.	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> October 6, 2014

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name Casey County Schools Street Address 1922 N. U.S. 127 City, State Zip Liberty, KY 42539	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 <sup>th</sup> Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description <b>Migrant Education</b> Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A140017 MUNIS Project Number 311A MOA Number N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount: \$74,845.00</b>	<b>11 Evaluations:</b>
<b>6 Period of Award: July 1, 2014 – September 30, 2016</b> Contingent upon Special Instructions/Conditions in Box 13	
<b>12 Consortia/Partnership Members:</b> _____	
<b>13 Special Instructions/Conditions</b> All funds must be spent down to no more than 15% of awarded amount by September 30, 2015. If more than 15% of award amount remains the district may apply to carry over the funds. Carryover amount will be the available budget ending 1 <sup>st</sup> Quarter FY16, September 30, 2015. Follow the Migrant Carryover Approval Process for carryover request beyond. The request must be submitted to Regional Center at least 30 days prior to September 30, 2015. The final Federal Cash Request for this project must be submitted by December 10, 2016. Migrant Education suggests 25% of awarded amount used for Summer Program.	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> October 6, 2014

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name Christian County Schools Street Address 200 Glass St. City, State Zip Hopkinsville, KY 42240	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 <sup>th</sup> Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description <b>Migrant Education</b> Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A140017 MUNIS Project Number 311A MOA Number N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount: \$128,064.00</b>	<b>11 Evaluations:</b>
<b>6 Period of Award: July 1, 2014 – September 30, 2016</b> Contingent upon Special Instructions/Conditions in Box 13	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions</b> All funds must be spent down to no more than 15% of awarded amount by September 30, 2015. If more than 15% of award amount remains the district may apply to carry over the funds. Carryover amount will be the available budget ending 1 <sup>st</sup> Quarter FY16, September 30, 2015. Follow the Migrant Carryover Approval Process for carryover request beyond. The request must be submitted to Regional Center at least 30 days prior to September 30, 2015. The final Federal Cash Request for this project must be submitted by December 10, 2016. Migrant Education suggests 25% of awarded amount used for Summer Program.	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> October 6, 2014

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name        Clark County Schools Street Address      1600 W. Lexington Ave City, State Zip      Winchester, KY 40391	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant    Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address        500 Mero Street, 8 <sup>th</sup> Floor CPT Budget Contact        Judy Howard; (502) 564-1979 Ext. 4322 Street Address        500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip            Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description            Migrant Education Fund Source            Title I, Part C Migrant Education CFDA#                    84.011A PR/AWARD NUMBER (FAIN)    S011A140017 MUNIS Project Number        311A MOA Number                N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount: \$235,185.00</b>	<b>11 Evaluations:</b>
<b>6 Period of Award: July 1, 2014 – September 30, 2016</b> Contingent upon Special Instructions/Conditions in Box 13	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions</b> All funds must be spent down to no more than 15% of awarded amount by September 30, 2015. If more than 15% of award amount remains the district may apply to carry over the funds. Carryover amount will be the available budget ending 1 <sup>st</sup> Quarter FY16, September 30, 2015. Follow the Migrant Carryover Approval Process for carryover request beyond. The request must be submitted to Regional Center at least 30 days prior to September 30, 2015. The final Federal Cash Request for this project must be submitted by December 10, 2016. Migrant Education suggests 25% of awarded amount used for Summer Program.	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> October 6, 2014

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name        Clinton County Schools Street Address      2353 North Highway 127 City, State Zip      Albany, KY 42602	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant    Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address        500 Mero Street, 8 <sup>th</sup> Floor CPT Budget Contact        Judy Howard; (502) 564-1979 Ext. 4322 Street Address        500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip            Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description <b>Migrant Education</b> Fund Source            Title I, Part C Migrant Education CFDA#                    84.011A PR/AWARD NUMBER (FAIN)    S011A140017 MUNIS Project Number        311A MOA Number                N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount: \$71,360.00</b>	<b>11 Evaluations:</b>
<b>6 Period of Award: July 1, 2014 – September 30, 2016</b> Contingent upon Special Instructions/Conditions in Box 13	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions</b> All funds must be spent down to no more than 15% of awarded amount by September 30, 2015. If more than 15% of award amount remains the district may apply to carry over the funds. Carryover amount will be the available budget ending 1 <sup>st</sup> Quarter FY16, September 30, 2015. Follow the Migrant Carryover Approval Process for carryover request beyond. The request must be submitted to Regional Center at least 30 days prior to September 30, 2015. The final Federal Cash Request for this project must be submitted by December 10, 2016. Migrant Education suggests 25% of awarded amount used for Summer Program.	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> October 6, 2014

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name Danville Ind. Schools Street Address 152 E. Martin Luther King Blvd. City, State Zip Danville, KY 40422	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 <sup>th</sup> Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description <b>Migrant Education</b> Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A140017 MUNIS Project Number 311A MOA Number N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount: \$130,628.00</b>	<b>11 Evaluations:</b>
<b>6 Period of Award: July 1, 2014 – September 30, 2016</b> Contingent upon Special Instructions/Conditions in Box 13	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions</b> All funds must be spent down to no more than 15% of awarded amount by September 30, 2015. If more than 15% of award amount remains the district may apply to carry over the funds. Carryover amount will be the available budget ending 1 <sup>st</sup> Quarter FY16, September 30, 2015. Follow the Migrant Carryover Approval Process for carryover request beyond. The request must be submitted to Regional Center at least 30 days prior to September 30, 2015. The final Federal Cash Request for this project must be submitted by December 10, 2016. Migrant Education suggests 25% of awarded amount used for Summer Program.	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> October 6, 2014

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name        Daviess County Schools Street Address      1622 Southeastern Pkwy. City, State Zip      Owensboro, KY 42304	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant    Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address          500 Mero Street, 8 <sup>th</sup> Floor CPT Budget Contact         Judy Howard; (502) 564-1979 Ext. 4322 Street Address          500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip              Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description              Migrant Education Fund Source              Title I, Part C Migrant Education CFDA#                      84.011A PR/AWARD NUMBER (FAIN)    S011A140017 MUNIS Project Number        311A MOA Number                N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount: \$303,031.00</b>	<b>11 Evaluations:</b>
<b>6 Period of Award: July 1, 2014 – September 30, 2016</b> Contingent upon Special Instructions/Conditions in Box 13	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions</b> All funds must be spent down to no more than 15% of awarded amount by September 30, 2015. If more than 15% of award amount remains the district may apply to carry over the funds. Carryover amount will be the available budget ending 1 <sup>st</sup> Quarter FY16, September 30, 2015. Follow the Migrant Carryover Approval Process for carryover request beyond. The request must be submitted to Regional Center at least 30 days prior to September 30, 2015. The final Federal Cash Request for this project must be submitted by December 10, 2016. Migrant Education suggests 25% of awarded amount used for Summer Program.	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> October 6, 2014

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name        Fayette County Schools Street Address      701 E. Main St. City, State Zip      Lexington, KY 40502	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant    Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address        500 Mero Street, 8 <sup>th</sup> Floor CPT Budget Contact        Judy Howard; (502) 564-1979 Ext. 4322 Street Address        500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip            Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description            Migrant Education Fund Source            Title I, Part C Migrant Education CFDA#                    84.011A PR/AWARD NUMBER (FAIN)    S011A140017 MUNIS Project Number        311A MOA Number                N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount: \$330,711.00</b>	<b>11 Evaluations:</b>
<b>6 Period of Award: July 1, 2014 – September 30, 2016</b> Contingent upon Special Instructions/Conditions in Box 13	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions</b> All funds must be spent down to no more than 15% of awarded amount by September 30, 2015. If more than 15% of award amount remains the district may apply to carry over the funds. Carryover amount will be the available budget ending 1 <sup>st</sup> Quarter FY16, September 30, 2015. Follow the Migrant Carryover Approval Process for carryover request beyond. The request must be submitted to Regional Center at least 30 days prior to September 30, 2015. The final Federal Cash Request for this project must be submitted by December 10, 2016. Migrant Education suggests 25% of awarded amount used for Summer Program.	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> October 6, 2014

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name        Garrard County Schools Street Address      322 W. Maple St. City, State Zip      Lancaster, KY 40444	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant    Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address        500 Mero Street, 8 <sup>th</sup> Floor CPT Budget Contact        Judy Howard; (502) 564-1979 Ext. 4322 Street Address        500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip            Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description <b>Migrant Education</b> Fund Source            Title I, Part C Migrant Education CFDA#                    84.011A PR/AWARD NUMBER (FAIN)    S011A140017 MUNIS Project Number        311A MOA Number                N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount: \$65,313.00</b>	<b>11 Evaluations:</b>
<b>6 Period of Award: July 1, 2014 – September 30, 2016</b> Contingent upon Special Instructions/Conditions in Box 13	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions</b> All funds must be spent down to no more than 15% of awarded amount by September 30, 2015. If more than 15% of award amount remains the district may apply to carry over the funds. Carryover amount will be the available budget ending 1 <sup>st</sup> Quarter FY16, September 30, 2015. Follow the Migrant Carryover Approval Process for carryover request beyond. The request must be submitted to Regional Center at least 30 days prior to September 30, 2015. The final Federal Cash Request for this project must be submitted by December 10, 2016. Migrant Education suggests 25% of awarded amount used for Summer Program.	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> October 6, 2014

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name Graves County Schools Street Address 2290 State Route 121 N. City, State Zip Mayfield, KY 42066	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 <sup>th</sup> Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A140017 MUNIS Project Number 311A MOA Number N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount:</b> \$98,383.00	<b>11 Evaluations:</b>
<b>6 Period of Award:</b> July 1, 2014 – September 30, 2016 Contingent upon Special Instructions/Conditions in Box 13	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions</b> All funds must be spent down to no more than 15% of awarded amount by September 30, 2015. If more than 15% of award amount remains the district may apply to carry over the funds. Carryover amount will be the available budget ending 1 <sup>st</sup> Quarter FY16, September 30, 2015. Follow the Migrant Carryover Approval Process for carryover request beyond. The request must be submitted to Regional Center at least 30 days prior to September 30, 2015. The final Federal Cash Request for this project must be submitted by December 10, 2016. Migrant Education suggests 25% of awarded amount used for Summer Program.	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> October 6, 2014

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name        Hardin County Schools Street Address      65 W. A. Jenkins Rd. City, State Zip      Elizabethtown, KY 42701	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant    Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address        500 Mero Street, 8 <sup>th</sup> Floor CPT Budget Contact        Judy Howard; (502) 564-1979 Ext. 4322 Street Address        500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip            Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description <b>Migrant Education</b> Fund Source            Title I, Part C Migrant Education CFDA#                    84.011A PR/AWARD NUMBER (FAIN)    S011A140017 MUNIS Project Number        311A MOA Number                N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount: \$70,507.00</b>	<b>11 Evaluations:</b>
<b>6 Period of Award: July 1, 2014 – September 30, 2016</b> Contingent upon Special Instructions/Conditions in Box 13	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions</b> <b>All funds must be spent down to no more than 15% of awarded amount by September 30, 2015. If more than 15% of award amount remains the district may apply to carry over the funds. Carryover amount will be the available budget ending 1<sup>st</sup> Quarter FY16, September 30, 2015. Follow the Migrant Carryover Approval Process for carryover request beyond. The request must be submitted to Regional Center at least 30 days prior to September 30, 2015. The final Federal Cash Request for this project must be submitted by December 10, 2016. Migrant Education suggests 25% of awarded amount used for Summer Program.</b>	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> October 6, 2014

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name Harrison County Schools Street Address 308 Webster Ave. City, State Zip Cynthiana, KY 41031	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 <sup>th</sup> Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A140017 MUNIS Project Number 311A MOA Number N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount:</b> \$89,005.00	<b>11 Evaluations:</b>
<b>6 Period of Award:</b> July 1, 2014 – September 30, 2016 Contingent upon Special Instructions/Conditions in Box 13	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions</b> All funds must be spent down to no more than 15% of awarded amount by September 30, 2015. If more than 15% of award amount remains the district may apply to carry over the funds. Carryover amount will be the available budget ending 1 <sup>st</sup> Quarter FY16, September 30, 2015. Follow the Migrant Carryover Approval Process for carryover request beyond. The request must be submitted to Regional Center at least 30 days prior to September 30, 2015. The final Federal Cash Request for this project must be submitted by December 10, 2016. Migrant Education suggests 25% of awarded amount used for Summer Program.	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> October 6, 2014

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name Hart County Schools Street Address 25 Quality St. City, State Zip Munfordville, KY 42765	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 <sup>th</sup> Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A140017 MUNIS Project Number 311A MOA Number N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount: \$58,270.00</b>	<b>11 Evaluations:</b>
<b>6 Period of Award: July 1, 2014 – September 30, 2016</b> Contingent upon Special Instructions/Conditions in Box 13	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions</b> All funds must be spent down to no more than 15% of awarded amount by September 30, 2015. If more than 15% of award amount remains the district may apply to carry over the funds. Carryover amount will be the available budget ending 1 <sup>st</sup> Quarter FY16, September 30, 2015. Follow the Migrant Carryover Approval Process for carryover request beyond. The request must be submitted to Regional Center at least 30 days prior to September 30, 2015. The final Federal Cash Request for this project must be submitted by December 10, 2016. Migrant Education suggests 25% of awarded amount used for Summer Program.	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> October 6, 2014

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name        Lincoln County Schools Street Address      305 Danville Ave City, State Zip      Stanford, KY 40484	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant    Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address        500 Mero Street, 8 <sup>th</sup> Floor CPT Budget Contact        Judy Howard; (502) 564-1979 Ext. 4322 Street Address        500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip            Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description <b>Migrant Education</b> Fund Source            Title I, Part C Migrant Education CFDA#                    84.011A PR/AWARD NUMBER (FAIN)    S011A140017 MUNIS Project Number        311A MOA Number                N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount: \$118,313.00</b>	<b>11 Evaluations:</b>
<b>6 Period of Award: July 1, 2014 – September 30, 2016</b> <i>Contingent upon Special Instructions/Conditions in Box 13</i>	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions</b> <b>All funds must be spent down to no more than 15% of awarded amount by September 30, 2015.</b> If more than 15% of award amount remains the district may apply to carry over the funds. Carryover amount will be the available budget ending 1 <sup>st</sup> Quarter FY16, September 30, 2015. Follow the Migrant Carryover Approval Process for carryover request beyond. The request must be submitted to Regional Center at least 30 days prior to September 30, 2015. The final Federal Cash Request for this project must be submitted by December 10, 2016. Migrant Education suggests 25% of awarded amount used for Summer Program.	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> October 6, 2014

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name Logan County Schools Street Address 2222 Bowling Green Rd. City, State Zip Russellville, KY 42276	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 <sup>th</sup> Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A140017 MUNIS Project Number 311A MOA Number N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount:</b> \$189,156.00	<b>11 Evaluations:</b>
<b>6 Period of Award:</b> July 1, 2014 – September 30, 2016 Contingent upon Special Instructions/Conditions in Box 13	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions</b> All funds must be spent down to no more than 15% of awarded amount by September 30, 2015. If more than 15% of award amount remains the district may apply to carry over the funds. Carryover amount will be the available budget ending 1 <sup>st</sup> Quarter FY16, September 30, 2015. Follow the Migrant Carryover Approval Process for carryover request beyond. The request must be submitted to Regional Center at least 30 days prior to September 30, 2015. The final Federal Cash Request for this project must be submitted by December 10, 2016. Migrant Education suggests 25% of awarded amount used for Summer Program.	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> October 6, 2014

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name        Madison County Schools Street Address      550 S. Keeneland Dr. City, State Zip      Richmond, KY 40475	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant    Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address        500 Mero Street, 8 <sup>th</sup> Floor CPT Budget Contact        Judy Howard; (502) 564-1979 Ext. 4322 Street Address        500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip            Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description <b>Migrant Education</b> Fund Source            Title I, Part C Migrant Education CFDA#                    84.011A PR/AWARD NUMBER (FAIN)    S011A140017 MUNIS Project Number        311A MOA Number                N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount: \$153,916.00</b>	<b>11 Evaluations:</b>
<b>6 Period of Award: July 1, 2014 – September 30, 2016</b> Contingent upon Special Instructions/Conditions in Box 13	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions</b> <b>All funds must be spent down to no more than 15% of awarded amount by September 30, 2015. If more than 15% of award amount remains the district may apply to carry over the funds. Carryover amount will be the available budget ending 1<sup>st</sup> Quarter FY16, September 30, 2015. Follow the Migrant Carryover Approval Process for carryover request beyond. The request must be submitted to Regional Center at least 30 days prior to September 30, 2015. The final Federal Cash Request for this project must be submitted by December 10, 2016. Migrant Education suggests 25% of awarded amount used for Summer Program.</b>	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> October 6, 2014

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name        Marion County Schools Street Address      755 E. Main St. City, State Zip      Lebanon, KY 40033	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant    Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address        500 Mero Street, 8 <sup>th</sup> Floor CPT Budget Contact        Judy Howard; (502) 564-1979 Ext. 4322 Street Address        500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip            Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description <b>Migrant Education</b> Fund Source            Title I, Part C Migrant Education CFDA#                    84.011A PR/AWARD NUMBER (FAIN)    S011A140017 MUNIS Project Number        311A MOA Number                N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount: \$114,035.00</b>	<b>11 Evaluations:</b>
<b>6 Period of Award: July 1, 2014 – September 30, 2016</b> Contingent upon Special Instructions/Conditions in Box 13	
<b>12 Consortia/Partnership Members:</b> _____	
<b>13 Special Instructions/Conditions</b> <b>All funds must be spent down to no more than 15% of awarded amount by September 30, 2015. If more than 15% of award amount remains the district may apply to carry over the funds. Carryover amount will be the available budget ending 1<sup>st</sup> Quarter FY16, September 30, 2015. Follow the Migrant Carryover Approval Process for carryover request beyond. The request must be submitted to Regional Center at least 30 days prior to September 30, 2015. The final Federal Cash Request for this project must be submitted by December 10, 2016. Migrant Education suggests 25% of awarded amount used for Summer Program.</b>	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> October 6, 2014

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name        Mayfield Ind. Schools Street Address      914 E. College St City, State Zip      Mayfield, KY 42066	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant    Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address        500 Mero Street, 8 <sup>th</sup> Floor CPT Budget Contact        Judy Howard; (502) 564-1979 Ext. 4322 Street Address        500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip            Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description <b>Migrant Education</b> Fund Source            Title I, Part C Migrant Education CFDA#                    84.011A PR/AWARD NUMBER (FAIN)    S011A140017 MUNIS Project Number        311A MOA Number                N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount: \$105,508.00</b>	<b>11 Evaluations:</b>
<b>6 Period of Award: July 1, 2014 – September 30, 2016</b> Contingent upon Special Instructions/Conditions in Box 13	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions</b> <b>All funds must be spent down to no more than 15% of awarded amount by September 30, 2015. If more than 15% of award amount remains the district may apply to carry over the funds. Carryover amount will be the available budget ending 1<sup>st</sup> Quarter FY16, September 30, 2015. Follow the Migrant Carryover Approval Process for carryover request beyond. The request must be submitted to Regional Center at least 30 days prior to September 30, 2015. The final Federal Cash Request for this project must be submitted by December 10, 2016. Migrant Education suggests 25% of awarded amount used for Summer Program.</b>	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> October 6, 2014

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name Metcalfe County Schools Street Address 109 Sartin Drive City, State Zip Edmonton, KY 42129	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 <sup>th</sup> Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A140017 MUNIS Project Number 311A MOA Number N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount:</b> \$141,383.00	<b>11 Evaluations:</b>
<b>6 Period of Award:</b> July 1, 2014 – September 30, 2016 Contingent upon Special Instructions/Conditions in Box 13	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions</b> All funds must be spent down to no more than 15% of awarded amount by September 30, 2015. If more than 15% of award amount remains the district may apply to carry over the funds. Carryover amount will be the available budget ending 1 <sup>st</sup> Quarter FY16, September 30, 2015. Follow the Migrant Carryover Approval Process for carryover request beyond. The request must be submitted to Regional Center at least 30 days prior to September 30, 2015. The final Federal Cash Request for this project must be submitted by December 10, 2016. Migrant Education suggests 25% of awarded amount used for Summer Program.	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> October 6, 2014

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name Monroe County Schools Street Address 309 Emberton St. City, State Zip Tompkinsville, KY 42167-1431	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 <sup>th</sup> Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A140017 MUNIS Project Number 311A MOA Number N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount:</b> \$181,353.00	<b>11 Evaluations:</b>
<b>6 Period of Award:</b> July 1, 2014 – September 30, 2016 Contingent upon Special Instructions/Conditions in Box 13	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions</b> All funds must be spent down to no more than 15% of awarded amount by September 30, 2015. If more than 15% of award amount remains the district may apply to carry over the funds. Carryover amount will be the available budget ending 1 <sup>st</sup> Quarter FY16, September 30, 2015. Follow the Migrant Carryover Approval Process for carryover request beyond. The request must be submitted to Regional Center at least 30 days prior to September 30, 2015. The final Federal Cash Request for this project must be submitted by December 10, 2016. Migrant Education suggests 25% of awarded amount used for Summer Program.	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> October 6, 2014

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name        Montgomery County Schools Street Address      700 Woodford Dr. City, State Zip      Mt. Sterling, KY 40353	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant    Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address        500 Mero Street, 8 <sup>th</sup> Floor CPT Budget Contact        Judy Howard; (502) 564-1979 Ext. 4322 Street Address        500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip            Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description <b>Migrant Education</b> Fund Source            Title I, Part C Migrant Education CFDA#                    84.011A PR/AWARD NUMBER (FAIN)    S011A140017 MUNIS Project Number        311A MOA Number                N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount: \$222,353.00</b>	<b>11 Evaluations:</b>
<b>6 Period of Award: July 1, 2014 – September 30, 2016</b> Contingent upon Special Instructions/Conditions in Box 13	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions</b> All funds must be spent down to no more than 15% of awarded amount by September 30, 2015. If more than 15% of award amount remains the district may apply to carry over the funds. Carryover amount will be the available budget ending 1 <sup>st</sup> Quarter FY16, September 30, 2015. Follow the Migrant Carryover Approval Process for carryover request beyond. The request must be submitted to Regional Center at least 30 days prior to September 30, 2015. The final Federal Cash Request for this project must be submitted by December 10, 2016. Migrant Education suggests 25% of awarded amount used for Summer Program.	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> October 6, 2014

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name        Nicholas County Schools Street Address      395 W. Main St. City, State Zip      Carlisle, KY 40311	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant    Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address        500 Mero Street, 8 <sup>th</sup> Floor CPT Budget Contact        Judy Howard; (502) 564-1979 Ext. 4322 Street Address        500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip            Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description <b>Migrant Education</b> Fund Source            Title I, Part C Migrant Education CFDA#                    84.011A PR/AWARD NUMBER (FAIN)    S011A140017 MUNIS Project Number        311A MOA Number                N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount: \$158,233.00</b>	<b>11 Evaluations:</b>
<b>6 Period of Award: July 1, 2014 – September 30, 2016</b> Contingent upon Special Instructions/Conditions in Box 13	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions</b> <b>All funds must be spent down to no more than 15% of awarded amount by September 30, 2015. If more than 15% of award amount remains the district may apply to carry over the funds. Carryover amount will be the available budget ending 1<sup>st</sup> Quarter FY16, September 30, 2015. Follow the Migrant Carryover Approval Process for carryover request beyond. The request must be submitted to Regional Center at least 30 days prior to September 30, 2015. The final Federal Cash Request for this project must be submitted by December 10, 2016. Migrant Education suggests 25% of awarded amount used for Summer Program.</b>	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> October 6, 2014

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name        Ohio County Schools Street Address      315 Union St. City, State Zip      Hartford, KY 42347	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant    Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address        500 Mero Street, 8 <sup>th</sup> Floor CPT Budget Contact        Judy Howard; (502) 564-1979 Ext. 4322 Street Address        500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip            Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description            Migrant Education Fund Source            Title I, Part C Migrant Education CFDA#                    84.011A PR/AWARD NUMBER (FAIN)    S011A140017 MUNIS Project Number        311A MOA Number                N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount: \$135,978.00</b>	<b>11 Evaluations:</b>
<b>6 Period of Award: July 1, 2014 – September 30, 2016</b> Contingent upon Special Instructions/Conditions in Box 13	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions</b> All funds must be spent down to no more than 15% of awarded amount by September 30, 2015. If more than 15% of award amount remains the district may apply to carry over the funds. Carryover amount will be the available budget ending 1 <sup>st</sup> Quarter FY16, September 30, 2015. Follow the Migrant Carryover Approval Process for carryover request beyond. The request must be submitted to Regional Center at least 30 days prior to September 30, 2015. The final Federal Cash Request for this project must be submitted by December 10, 2016. Migrant Education suggests 25% of awarded amount used for Summer Program.	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> October 6, 2014

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name Powell County Schools Street Address 691 Breckinridge St City, State Zip Stanton, KY 40380	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 <sup>th</sup> Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A140017 MUNIS Project Number 311A MOA Number N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount:</b> \$90,900.00	<b>11 Evaluations:</b>
<b>6 Period of Award:</b> July 1, 2014 – September 30, 2016 Contingent upon Special Instructions/Conditions in Box 13	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions</b> All funds must be spent down to no more than 15% of awarded amount by September 30, 2015. If more than 15% of award amount remains the district may apply to carry over the funds. Carryover amount will be the available budget ending 1 <sup>st</sup> Quarter FY16, September 30, 2015. Follow the Migrant Carryover Approval Process for carryover request beyond. The request must be submitted to Regional Center at least 30 days prior to September 30, 2015. The final Federal Cash Request for this project must be submitted by December 10, 2016. Migrant Education suggests 25% of awarded amount used for Summer Program.	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> October 6, 2014

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name Pulaski County Schools Street Address 501 East University Dr. City, State Zip Somerset, KY 42502	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 <sup>th</sup> Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A140017 MUNIS Project Number 311A MOA Number N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount: \$174,181.00</b>	<b>11 Evaluations:</b>
<b>6 Period of Award: July 1, 2014 – September 30, 2016</b> Contingent upon Special Instructions/Conditions in Box 13	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions</b> All funds must be spent down to no more than 15% of awarded amount by September 30, 2015. If more than 15% of award amount remains the district may apply to carry over the funds. Carryover amount will be the available budget ending 1 <sup>st</sup> Quarter FY16, September 30, 2015. Follow the Migrant Carryover Approval Process for carryover request beyond. The request must be submitted to Regional Center at least 30 days prior to September 30, 2015. The final Federal Cash Request for this project must be submitted by December 10, 2016. Migrant Education suggests 25% of awarded amount used for Summer Program.	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> October 6, 2014

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name        Russell County Schools Street Address      404 S. Main Street City, State Zip      Jamestown, KY 42629	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant    Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address        500 Mero Street, 8 <sup>th</sup> Floor CPT Budget Contact        Judy Howard; (502) 564-1979 Ext. 4322 Street Address        500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip            Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description <b>Migrant Education</b> Fund Source            Title I, Part C Migrant Education CFDA#                    84.011A PR/AWARD NUMBER (FAIN)    S011A140017 MUNIS Project Number        311A MOA Number                N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount: \$90,930.00</b>	<b>11 Evaluations:</b>
<b>6 Period of Award: July 1, 2014 – September 30, 2016</b> Contingent upon Special Instructions/Conditions in Box 13	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions</b> All funds must be spent down to no more than 15% of awarded amount by September 30, 2015. If more than 15% of award amount remains the district may apply to carry over the funds. Carryover amount will be the available budget ending 1 <sup>st</sup> Quarter FY16, September 30, 2015. Follow the Migrant Carryover Approval Process for carryover request beyond. The request must be submitted to Regional Center at least 30 days prior to September 30, 2015. The final Federal Cash Request for this project must be submitted by December 10, 2016. Migrant Education suggests 25% of awarded amount used for Summer Program.	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> October 6, 2014

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name        Scott County Schools Street Address      2168 Frankfort Pk. City, State Zip      Georgetown, KY 40324	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant    Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address        500 Mero Street, 8 <sup>th</sup> Floor CPT Budget Contact        Judy Howard; (502) 564-1979 Ext. 4322 Street Address        500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip            Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description <b>Migrant Education</b> Fund Source            Title I, Part C Migrant Education CFDA#                    84.011A PR/AWARD NUMBER (FAIN)    S011A140017 MUNIS Project Number        311A MOA Number                N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount: \$94,463.00</b>	<b>11 Evaluations:</b>
<b>6 Period of Award: July 1, 2014 – September 30, 2016</b> Contingent upon Special Instructions/Conditions in Box 13	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions</b> <b>All funds must be spent down to no more than 15% of awarded amount by September 30, 2015. If more than 15% of award amount remains the district may apply to carry over the funds. Carryover amount will be the available budget ending 1<sup>st</sup> Quarter FY16, September 30, 2015. Follow the Migrant Carryover Approval Process for carryover request beyond. The request must be submitted to Regional Center at least 30 days prior to September 30, 2015. The final Federal Cash Request for this project must be submitted by December 10, 2016. Migrant Education suggests 25% of awarded amount used for Summer Program.</b>	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> October 6, 2014

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name        Shelby County Schools Street Address      1155 West Main St City, State Zip      Shelbyville, KY 40066	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant    Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address          500 Mero Street, 8 <sup>th</sup> Floor CPT Budget Contact         Judy Howard; (502) 564-1979 Ext. 4322 Street Address          500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip              Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description              Migrant Education Fund Source              Title I, Part C Migrant Education CFDA#                      84.011A PR/AWARD NUMBER (FAIN)    S011A140017 MUNIS Project Number        311A MOA Number                N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount: \$154,365.00</b>	<b>11 Evaluations:</b>
<b>6 Period of Award: July 1, 2014 – September 30, 2016</b> Contingent upon Special Instructions/Conditions in Box 13	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions</b> All funds must be spent down to no more than 15% of awarded amount by September 30, 2015. If more than 15% of award amount remains the district may apply to carry over the funds. Carryover amount will be the available budget ending 1 <sup>st</sup> Quarter FY16, September 30, 2015. Follow the Migrant Carryover Approval Process for carryover request beyond. The request must be submitted to Regional Center at least 30 days prior to September 30, 2015. The final Federal Cash Request for this project must be submitted by December 10, 2016. Migrant Education suggests 25% of awarded amount used for Summer Program.	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> October 6, 2014

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name Somerset Ind. Schools Street Address 305 College St. City, State Zip Somerset, KY 42501	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 <sup>th</sup> Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A140017 MUNIS Project Number 311A MOA Number N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount: \$63,163.00</b>	<b>11 Evaluations:</b>
<b>6 Period of Award: July 1, 2014 – September 30, 2016</b> Contingent upon Special Instructions/Conditions in Box 13	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions</b> All funds must be spent down to no more than 15% of awarded amount by September 30, 2015. If more than 15% of award amount remains the district may apply to carry over the funds. Carryover amount will be the available budget ending 1 <sup>st</sup> Quarter FY16, September 30, 2015. Follow the Migrant Carryover Approval Process for carryover request beyond. The request must be submitted to Regional Center at least 30 days prior to September 30, 2015. The final Federal Cash Request for this project must be submitted by December 10, 2016. Migrant Education suggests 25% of awarded amount used for Summer Program.	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> October 6, 2014

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name        Todd County Schools Street Address      205 Airport Rd City, State Zip      Elkton, KY 42220	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant    Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address        500 Mero Street, 8 <sup>th</sup> Floor CPT Budget Contact        Judy Howard; (502) 564-1979 Ext. 4322 Street Address        500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip            Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description <b>Migrant Education</b> Fund Source            Title I, Part C Migrant Education CFDA#                    84.011A PR/AWARD NUMBER (FAIN)    S011A140017 MUNIS Project Number        311A MOA Number                N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount: \$89,958.00</b>	<b>11 Evaluations:</b>
<b>6 Period of Award: July 1, 2014 – September 30, 2016</b> Contingent upon Special Instructions/Conditions in Box 13	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions</b> <b>All funds must be spent down to no more than 15% of awarded amount by September 30, 2015.</b> If more than 15% of award amount remains the district may apply to carry over the funds. Carryover amount will be the available budget ending 1 <sup>st</sup> Quarter FY16, September 30, 2015. Follow the Migrant Carryover Approval Process for carryover request beyond. The request must be submitted to Regional Center at least 30 days prior to September 30, 2015. The final Federal Cash Request for this project must be submitted by December 10, 2016. Migrant Education suggests 25% of awarded amount used for Summer Program.	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> October 6, 2014

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name        Webster County Schools Street Address      28 State Rt. 1340 City, State Zip      Dixon, KY 42409	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant    Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address        500 Mero Street, 8 <sup>th</sup> Floor CPT Budget Contact        Judy Howard; (502) 564-1979 Ext. 4322 Street Address        500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip            Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description <b>Migrant Education</b> Fund Source            Title I, Part C Migrant Education CFDA#                    84.011A PR/AWARD NUMBER (FAIN)    S011A140017 MUNIS Project Number        311A MOA Number                N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source):</b> NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76,77,79,80,81,82,85,97,98 and 99	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount: \$155,056.00</b>	<b>11 Evaluations:</b>
<b>6 Period of Award: July 1, 2014 – September 30, 2016</b> Contingent upon Special Instructions/Conditions in Box 13	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions</b> All funds must be spent down to no more than 15% of awarded amount by September 30, 2015. If more than 15% of award amount remains the district may apply to carry over the funds. Carryover amount will be the available budget ending 1 <sup>st</sup> Quarter FY16, September 30, 2015. Follow the Migrant Carryover Approval Process for carryover request beyond. The request must be submitted to Regional Center at least 30 days prior to September 30, 2015. The final Federal Cash Request for this project must be submitted by December 10, 2016. Migrant Education suggests 25% of awarded amount used for Summer Program.	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> October 6, 2014