

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Adair County Schools Street Address 1204 Greensburg St. City, State Zip Columbia, KY 42728	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 th Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 th Floor CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A150017 MUNIS Project Number 311B MOA Number N/A Pass-through Number 3110002-15	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 in 34CFR Part 200; the General Provisions regulations in 34 CFR Part 299 and EDGAR in 34 CFR Parts 76 (except for 76.650-76.662 (participation of students enrolled in private schools)), 77, 79, 81, 82, 85, 97, 98, and 99 and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200.	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
5	Award Amount: \$121,057	11 Evaluations:
6	Period of Award: July 1, 2015 – September 30, 2017 Contingent upon Special Instructions/Conditions in Box 13	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions: All funds must be spent down to no more than 15% of awarded amount by September 30, 2016. 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 st Quarter FY17, September 30, 2016. 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, 2016. 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.	
14	Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: August 10, 2015

**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 Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 th Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 th Floor CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A150017 MUNIS Project Number 311B MOA Number N/A Pass-through Number 3110002-15	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 in 34CFR Part 200; the General Provisions regulations in 34 CFR Part 299 and EDGAR in 34 CFR Parts 76 (except for 76.650-76.662 (participation of students enrolled in private schools)), 77, 79, 81, 82, 85, 97, 98, and 99 and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200.	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
5	Award Amount: \$292,151	11 Evaluations:
6	Period of Award: July 1, 2015 – September 30, 2017 Contingent upon Special Instructions/Conditions in Box 13	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions: All funds must be spent down to no more than 15% of awarded amount by September 30, 2016. 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 st Quarter FY17, September 30, 2016. 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, 2016. 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.	
14	Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: August 10, 2015

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Bowling Green Indp Schools Street Address 1211 Center St. City, State Zip Bowling Green, KY 42101	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 th Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 th Floor CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A150017 MUNIS Project Number 311B MOA Number N/A Pass-through Number 3110002-15	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 in 34CFR Part 200; the General Provisions regulations in 34 CFR Part 299 and EDGAR in 34 CFR Parts 76 (except for 76.650-76.662 (participation of students enrolled in private schools)), 77, 79, 81, 82, 85, 97, 98, and 99 and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200.	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
5	Award Amount: \$141,446	11 Evaluations:
6	Period of Award: July 1, 2015 – September 30, 2017 Contingent upon Special Instructions/Conditions in Box 13	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions: All funds must be spent down to no more than 15% of awarded amount by September 30, 2016. 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 st Quarter FY17, September 30, 2016. 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, 2016. 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.	
14	Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: August 10, 2015

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Caldwell County Street Address 612 W. Washington St 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 Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 th Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 th Floor CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A150017 MUNIS Project Number 311B MOA Number N/A Pass-through Number 3110002-15	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 in 34CFR Part 200; the General Provisions regulations in 34 CFR Part 299 and EDGAR in 34 CFR Parts 76 (except for 76.650-76.662 (participation of students enrolled in private schools)), 77, 79, 81, 82, 85, 97, 98, and 99 and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200.	
5	Award Amount: \$71,019	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
6	Period of Award: July 1, 2015 – September 30, 2017 Contingent upon Special Instructions/Conditions in Box 13	
11	Evaluations:	
12	Consortia/Partnership Members: Trigg Co. \$44,325	
13	Special Instructions/Conditions: All funds must be spent down to no more than 15% of awarded amount by September 30, 2016. 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 st Quarter FY17, September 30, 2016. 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, 2016. 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.	
14	Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: August 10, 2015

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Casey County Schools Street Address 1922 N. U.S. 127 City, State Zip Liberty, KY 42539	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 th Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 th Floor CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A150017 MUNIS Project Number 311B MOA Number N/A Pass-through Number 3110002-15	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 in 34CFR Part 200; the General Provisions regulations in 34 CFR Part 299 and EDGAR in 34 CFR Parts 76 (except for 76.650-76.662 (participation of students enrolled in private schools)), 77, 79, 81, 82, 85, 97, 98, and 99 and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200.	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
5	Award Amount: \$76,732	11 Evaluations:
6	Period of Award: July 1, 2015 – September 30, 2017 Contingent upon Special Instructions/Conditions in Box 13	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions: All funds must be spent down to no more than 15% of awarded amount by September 30, 2016. 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 st Quarter FY17, September 30, 2016. 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, 2016. 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.	
14	Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: August 10, 2015

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Christian County Schools Street Address 200 Glass St. City, State Zip Hopkinsville, KY 42240	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 th Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 th Floor CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A150017 MUNIS Project Number 311B MOA Number N/A Pass-through Number 3110002-15	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 in 34CFR Part 200; the General Provisions regulations in 34 CFR Part 299 and EDGAR in 34 CFR Parts 76 (except for 76.650-76.662 (participation of students enrolled in private schools)), 77, 79, 81, 82, 85, 97, 98, and 99 and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200.	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
5	Award Amount: \$154,951	11 Evaluations:
6	Period of Award: July 1, 2015 – September 30, 2017 Contingent upon Special Instructions/Conditions in Box 13	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions: All funds must be spent down to no more than 15% of awarded amount by September 30, 2016. 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 st Quarter FY17, September 30, 2016. 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, 2016. 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.	
14	Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: August 10, 2015

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Clark County Schools Street Address 1600 W. Lexington Ave City, State Zip Winchester, KY 40391	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 th Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 th Floor CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A150017 MUNIS Project Number 311B MOA Number N/A Pass-through Number 3110002-15	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 in 34CFR Part 200; the General Provisions regulations in 34 CFR Part 299 and EDGAR in 34 CFR Parts 76 (except for 76.650-76.662 (participation of students enrolled in private schools)), 77, 79, 81, 82, 85, 97, 98, and 99 and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200.	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
5	Award Amount: \$214,041	11 Evaluations:
6	Period of Award: July 1, 2015 – September 30, 2017 Contingent upon Special Instructions/Conditions in Box 13	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions: All funds must be spent down to no more than 15% of awarded amount by September 30, 2016. 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 st Quarter FY17, September 30, 2016. 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, 2016. 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.	
14	Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: August 10, 2015

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Clinton County Schools Street Address 2353 North Highway 127 City, State Zip Albany, KY 42602	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 th Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 th Floor CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A150017 MUNIS Project Number 311B MOA Number N/A Pass-through Number 3110002-15	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 in 34CFR Part 200; the General Provisions regulations in 34 CFR Part 299 and EDGAR in 34 CFR Parts 76 (except for 76.650-76.662 (participation of students enrolled in private schools)), 77, 79, 81, 82, 85, 97, 98, and 99 and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200.	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
5	Award Amount: \$62,548	11 Evaluations:
6	Period of Award: July 1, 2015 – September 30, 2017 Contingent upon Special Instructions/Conditions in Box 13	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions: All funds must be spent down to no more than 15% of awarded amount by September 30, 2016. 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 st Quarter FY17, September 30, 2016. 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, 2016. 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.	
14	Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: August 10, 2015

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Danville Ind. Schools Street Address 152 E. Martin Luther King Blvd. City, State Zip Danville, KY 40422	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 th Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 th Floor CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A150017 MUNIS Project Number 311B MOA Number N/A Pass-through Number 3110002-15	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 in 34CFR Part 200; the General Provisions regulations in 34 CFR Part 299 and EDGAR in 34 CFR Parts 76 (except for 76.650-76.662 (participation of students enrolled in private schools)), 77, 79, 81, 82, 85, 97, 98, and 99 and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200.	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
5	Award Amount: \$107,562	11 Evaluations:
6	Period of Award: July 1, 2015 – September 30, 2017 Contingent upon Special Instructions/Conditions in Box 13	
12	Consortia/Partnership Members: Boyle Co \$14,874	
13	Special Instructions/Conditions: All funds must be spent down to no more than 15% of awarded amount by September 30, 2016. 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 1st Quarter FY17, September 30, 2016. 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, 2016. 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.	
14	Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: August 10, 2015

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Daviess County Schools Street Address 1622 Southeastern Pkwy. 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 Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 th Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 th Floor CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A150017 MUNIS Project Number 311B MOA Number N/A Pass-through Number 3110002-15	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 in 34CFR Part 200; the General Provisions regulations in 34 CFR Part 299 and EDGAR in 34 CFR Parts 76 (except for 76.650-76.662 (participation of students enrolled in private schools)), 77, 79, 81, 82, 85, 97, 98, and 99 and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200.	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
5	Award Amount: \$235,120	11 Evaluations:
6	Period of Award: July 1, 2015 – September 30, 2017 Contingent upon Special Instructions/Conditions in Box 13	
12	Consortia/Partnership Members: Owensboro Ind \$8,865	
13	Special Instructions/Conditions: All funds must be spent down to no more than 15% of awarded amount by September 30, 2016. 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 1st Quarter FY17, September 30, 2016. 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, 2016. 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.	
14	Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: August 10, 2015

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Fayette County Schools Street Address 701 E. Main St. City, State Zip Lexington, KY 40502	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 th Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 th Floor CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A150017 MUNIS Project Number 311B MOA Number N/A Pass-through Number 3110002-15	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 in 34CFR Part 200; the General Provisions regulations in 34 CFR Part 299 and EDGAR in 34 CFR Parts 76 (except for 76.650-76.662 (participation of students enrolled in private schools)), 77, 79, 81, 82, 85, 97, 98, and 99 and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200.	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
5	Award Amount: \$322,385	11 Evaluations:
6	Period of Award: July 1, 2015 – September 30, 2017 Contingent upon Special Instructions/Conditions in Box 13	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions: All funds must be spent down to no more than 15% of awarded amount by September 30, 2016. 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 st Quarter FY17, September 30, 2016. 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, 2016. 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.	
14	Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: August 10, 2015

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Garrard County Schools Street Address 322 W. Maple St. City, State Zip Lancaster, KY 40444	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 th Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 th Floor CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A150017 MUNIS Project Number 311B MOA Number N/A Pass-through Number 3110002-15	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 in 34CFR Part 200; the General Provisions regulations in 34 CFR Part 299 and EDGAR in 34 CFR Parts 76 (except for 76.650-76.662 (participation of students enrolled in private schools)), 77, 79, 81, 82, 85, 97, 98, and 99 and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200.	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
5	Award Amount: \$65,109	11 Evaluations:
6	Period of Award: July 1, 2015 – September 30, 2017 Contingent upon Special Instructions/Conditions in Box 13	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions: All funds must be spent down to no more than 15% of awarded amount by September 30, 2016. 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 st Quarter FY17, September 30, 2016. 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, 2016. 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.	
14	Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: August 10, 2015

**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 Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 th Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 th Floor CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A150017 MUNIS Project Number 311B MOA Number N/A Pass-through Number 3110002-15	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 in 34CFR Part 200; the General Provisions regulations in 34 CFR Part 299 and EDGAR in 34 CFR Parts 76 (except for 76.650-76.662 (participation of students enrolled in private schools)), 77, 79, 81, 82, 85, 97, 98, and 99 and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200.	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
5	Award Amount: \$75,944	11 Evaluations:
6	Period of Award: July 1, 2015 – September 30, 2017 Contingent upon Special Instructions/Conditions in Box 13	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions: All funds must be spent down to no more than 15% of awarded amount by September 30, 2016. 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 st Quarter FY17, September 30, 2016. 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, 2016. 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.	
14	Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: August 10, 2015

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Hardin County Schools Street Address 65 W. A. Jenkins Rd. City, State Zip Elizabethtown, KY 42701	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 th Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 th Floor CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A150017 MUNIS Project Number 311B MOA Number N/A Pass-through Number 3110002-15	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 in 34CFR Part 200; the General Provisions regulations in 34 CFR Part 299 and EDGAR in 34 CFR Parts 76 (except for 76.650-76.662 (participation of students enrolled in private schools)), 77, 79, 81, 82, 85, 97, 98, and 99 and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200.	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
5	Award Amount: \$77,622	11 Evaluations:
6	Period of Award: July 1, 2015 – September 30, 2017 Contingent upon Special Instructions/Conditions in Box 13	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions: All funds must be spent down to no more than 15% of awarded amount by September 30, 2016. 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 st Quarter FY17, September 30, 2016. 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, 2016. 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.	
14	Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: August 10, 2015

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Harrison County Schools Street Address 308 Webster Ave. City, State Zip Cynthiana, KY 41031	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 th Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 th Floor CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A150017 MUNIS Project Number 311B MOA Number N/A Pass-through Number 3110002-15	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 in 34CFR Part 200; the General Provisions regulations in 34 CFR Part 299 and EDGAR in 34 CFR Parts 76 (except for 76.650-76.662 (participation of students enrolled in private schools)), 77, 79, 81, 82, 85, 97, 98, and 99 and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200.	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
5	Award Amount: \$75,156	11 Evaluations:
6	Period of Award: July 1, 2015 – September 30, 2017 Contingent upon Special Instructions/Conditions in Box 13	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions: All funds must be spent down to no more than 15% of awarded amount by September 30, 2016. 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 st Quarter FY17, September 30, 2016. 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, 2016. 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.	
14	Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: August 10, 2015

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Hart County Schools Street Address 25 Quality St. City, State Zip Munfordville, KY 42765	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 th Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 th Floor CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A150017 MUNIS Project Number 311B MOA Number N/A Pass-through Number 3110002-15	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 in 34CFR Part 200; the General Provisions regulations in 34 CFR Part 299 and EDGAR in 34 CFR Parts 76 (except for 76.650-76.662 (participation of students enrolled in private schools)), 77, 79, 81, 82, 85, 97, 98, and 99 and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200.	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
5	Award Amount: \$56,539	11 Evaluations:
6	Period of Award: July 1, 2015 – September 30, 2017 Contingent upon Special Instructions/Conditions in Box 13	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions: All funds must be spent down to no more than 15% of awarded amount by September 30, 2016. 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 st Quarter FY17, September 30, 2016. 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, 2016. 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.	
14	Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: August 10, 2015

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Lincoln County Schools Street Address 305 Danville Ave City, State Zip Stanford, KY 40484	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 th Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 th Floor CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A150017 MUNIS Project Number 311B MOA Number N/A Pass-through Number 3110002-15	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 in 34CFR Part 200; the General Provisions regulations in 34 CFR Part 299 and EDGAR in 34 CFR Parts 76 (except for 76.650-76.662 (participation of students enrolled in private schools)), 77, 79, 81, 82, 85, 97, 98, and 99 and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200.	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
5	Award Amount: \$146,864	11 Evaluations:
6	Period of Award: July 1, 2015 – September 30, 2017 Contingent upon Special Instructions/Conditions in Box 13	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions: All funds must be spent down to no more than 15% of awarded amount by September 30, 2016. 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 st Quarter FY17, September 30, 2016. 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, 2016. 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.	
14	Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: August 10, 2015

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Logan County Schools Street Address 2222 Bowling Green Rd. City, State Zip Russellville, KY 42276	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 th Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 th Floor CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A150017 MUNIS Project Number 311B MOA Number N/A Pass-through Number 3110002-15	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 in 34CFR Part 200; the General Provisions regulations in 34 CFR Part 299 and EDGAR in 34 CFR Parts 76 (except for 76.650-76.662 (participation of students enrolled in private schools)), 77, 79, 81, 82, 85, 97, 98, and 99 and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200.	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
5	Award Amount: \$169,617	11 Evaluations:
6	Period of Award: July 1, 2015 – September 30, 2017 Contingent upon Special Instructions/Conditions in Box 13	
12	Consortia/Partnership Members: Russellville Indp \$56,244	
13	Special Instructions/Conditions: All funds must be spent down to no more than 15% of awarded amount by September 30, 2016. 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 1st Quarter FY17, September 30, 2016. 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, 2016. 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.	
14	Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: August 10, 2015

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Madison County Schools Street Address 550 S. Keeneland Dr. City, State Zip Richmond, KY 40475	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 th Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 th Floor CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A150017 MUNIS Project Number 311B MOA Number N/A Pass-through Number 3110002-15	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 in 34CFR Part 200; the General Provisions regulations in 34 CFR Part 299 and EDGAR in 34 CFR Parts 76 (except for 76.650-76.662 (participation of students enrolled in private schools)), 77, 79, 81, 82, 85, 97, 98, and 99 and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200.	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
5	Award Amount: \$161,146	11 Evaluations:
6	Period of Award: July 1, 2015 – September 30, 2017 Contingent upon Special Instructions/Conditions in Box 13	
12	Consortia/Partnership Members: Berea Indp \$6,107	
13	Special Instructions/Conditions: All funds must be spent down to no more than 15% of awarded amount by September 30, 2016. 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 1st Quarter FY17, September 30, 2016. 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, 2016. 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.	
14	Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: August 10, 2015

**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 Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 th Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 th Floor CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A150017 MUNIS Project Number 311B MOA Number N/A Pass-through Number 3110002-15	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 in 34CFR Part 200; the General Provisions regulations in 34 CFR Part 299 and EDGAR in 34 CFR Parts 76 (except for 76.650-76.662 (participation of students enrolled in private schools)), 77, 79, 81, 82, 85, 97, 98, and 99 and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200.	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
5	Award Amount: \$120,564	11 Evaluations:
6	Period of Award: July 1, 2015 – September 30, 2017 Contingent upon Special Instructions/Conditions in Box 13	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions: All funds must be spent down to no more than 15% of awarded amount by September 30, 2016. 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 st Quarter FY17, September 30, 2016. 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, 2016. 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.	
14	Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: August 10, 2015

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Mayfield Ind. Schools Street Address 914 E. College St 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 Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 th Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 th Floor CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A150017 MUNIS Project Number 311B MOA Number N/A Pass-through Number 3110002-15	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 in 34CFR Part 200; the General Provisions regulations in 34 CFR Part 299 and EDGAR in 34 CFR Parts 76 (except for 76.650-76.662 (participation of students enrolled in private schools)), 77, 79, 81, 82, 85, 97, 98, and 99 and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200.	
5	Award Amount: \$103,130	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
6	Period of Award: July 1, 2015 – September 30, 2017 Contingent upon Special Instructions/Conditions in Box 13	11 Evaluations:
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions: All funds must be spent down to no more than 15% of awarded amount by September 30, 2016. 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 st Quarter FY17, September 30, 2016. 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, 2016. 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.	
14	Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: August 10, 2015

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Metcalfe County Schools Street Address 109 Sartin Drive City, State Zip Edmonton, KY 42129	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 th Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 th Floor CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A150017 MUNIS Project Number 311B MOA Number N/A Pass-through Number 3110002-15	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 in 34CFR Part 200; the General Provisions regulations in 34 CFR Part 299 and EDGAR in 34 CFR Parts 76 (except for 76.650-76.662 (participation of students enrolled in private schools)), 77, 79, 81, 82, 85, 97, 98, and 99 and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200.	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
5	Award Amount: \$118,397	11 Evaluations:
6	Period of Award: July 1, 2015 – September 30, 2017 Contingent upon Special Instructions/Conditions in Box 13	
12	Consortia/Partnership Members: Green County \$45,310	
13	Special Instructions/Conditions: All funds must be spent down to no more than 15% of awarded amount by September 30, 2016. 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 1st Quarter FY17, September 30, 2016. 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, 2016. 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.	
14	Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: August 10, 2015

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Monroe County Schools Street Address 309 Emberton St. City, State Zip Tompkinsville, KY 42167-1431	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 th Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 th Floor CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A150017 MUNIS Project Number 311B MOA Number N/A Pass-through Number 3110002-15	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 in 34CFR Part 200; the General Provisions regulations in 34 CFR Part 299 and EDGAR in 34 CFR Parts 76 (except for 76.650-76.662 (participation of students enrolled in private schools)), 77, 79, 81, 82, 85, 97, 98, and 99 and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200.	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
5	Award Amount: \$172,671	11 Evaluations:
6	Period of Award: July 1, 2015 – September 30, 2017 Contingent upon Special Instructions/Conditions in Box 13	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions: All funds must be spent down to no more than 15% of awarded amount by September 30, 2016. 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 st Quarter FY17, September 30, 2016. 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, 2016. 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.	
14	Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: August 10, 2015

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Montgomery County Schools Street Address 700 Woodford Dr. City, State Zip Mt. Sterling, KY 40353	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 th Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 th Floor CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A150017 MUNIS Project Number 311B MOA Number N/A Pass-through Number 3110002-15	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 in 34CFR Part 200; the General Provisions regulations in 34 CFR Part 299 and EDGAR in 34 CFR Parts 76 (except for 76.650-76.662 (participation of students enrolled in private schools)), 77, 79, 81, 82, 85, 97, 98, and 99 and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200.	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
5	Award Amount: \$209,904	11 Evaluations:
6	Period of Award: July 1, 2015 – September 30, 2017 Contingent upon Special Instructions/Conditions in Box 13	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions: All funds must be spent down to no more than 15% of awarded amount by September 30, 2016. 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 st Quarter FY17, September 30, 2016. 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, 2016. 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.	
14	Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: August 10, 2015

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Nicholas County Schools Street Address 395 W. Main St. City, State Zip Carlisle, KY 40311	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 th Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 th Floor CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A150017 MUNIS Project Number 311B MOA Number N/A Pass-through Number 3110002-15	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 in 34CFR Part 200; the General Provisions regulations in 34 CFR Part 299 and EDGAR in 34 CFR Parts 76 (except for 76.650-76.662 (participation of students enrolled in private schools)), 77, 79, 81, 82, 85, 97, 98, and 99 and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200.	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
5	Award Amount: \$152,577	11 Evaluations:
6	Period of Award: July 1, 2015 – September 30, 2017 Contingent upon Special Instructions/Conditions in Box 13	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions: All funds must be spent down to no more than 15% of awarded amount by September 30, 2016. 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 st Quarter FY17, September 30, 2016. 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, 2016. 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.	
14	Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: August 10, 2015

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Ohio County Schools Street Address 315 Union St. City, State Zip Hartford, KY 42347	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 th Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 th Floor CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A150017 MUNIS Project Number 311B MOA Number N/A Pass-through Number 3110002-15	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 in 34CFR Part 200; the General Provisions regulations in 34 CFR Part 299 and EDGAR in 34 CFR Parts 76 (except for 76.650-76.662 (participation of students enrolled in private schools)), 77, 79, 81, 82, 85, 97, 98, and 99 and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200.	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
5	Award Amount: \$109,729	11 Evaluations:
6	Period of Award: July 1, 2015 – September 30, 2017 Contingent upon Special Instructions/Conditions in Box 13	
12	Consortia/Partnership Members: McLean Co \$23,936	
13	Special Instructions/Conditions: All funds must be spent down to no more than 15% of awarded amount by September 30, 2016. 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 1st Quarter FY17, September 30, 2016. 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, 2016. 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.	
14	Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: August 10, 2015

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Powell County Schools Street Address 691 Breckinridge St City, State Zip Stanton, KY 40380	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 th Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 th Floor CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A150017 MUNIS Project Number 311B MOA Number N/A Pass-through Number 3110002-15	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 in 34CFR Part 200; the General Provisions regulations in 34 CFR Part 299 and EDGAR in 34 CFR Parts 76 (except for 76.650-76.662 (participation of students enrolled in private schools)), 77, 79, 81, 82, 85, 97, 98, and 99 and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200.	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
5	Award Amount: \$99,978	11 Evaluations:
6	Period of Award: July 1, 2015 – September 30, 2017 Contingent upon Special Instructions/Conditions in Box 13	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions: All funds must be spent down to no more than 15% of awarded amount by September 30, 2016. 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 st Quarter FY17, September 30, 2016. 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, 2016. 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.	
14	Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: August 10, 2015

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Pulaski County Schools Street Address 501 East University Dr. 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 Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 th Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 th Floor CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A150017 MUNIS Project Number 311B MOA Number N/A Pass-through Number 3110002-15	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 in 34CFR Part 200; the General Provisions regulations in 34 CFR Part 299 and EDGAR in 34 CFR Parts 76 (except for 76.650-76.662 (participation of students enrolled in private schools)), 77, 79, 81, 82, 85, 97, 98, and 99 and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200.	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
5	Award Amount: \$173,459	11 Evaluations:
6	Period of Award: July 1, 2015 – September 30, 2017 Contingent upon Special Instructions/Conditions in Box 13	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions: All funds must be spent down to no more than 15% of awarded amount by September 30, 2016. 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 st Quarter FY17, September 30, 2016. 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, 2016. 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.	
14	Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: August 10, 2015

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Russell County Schools Street Address 404 S. Main Street City, State Zip Jamestown, KY 42629	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 th Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 th Floor CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A150017 MUNIS Project Number 311B MOA Number N/A Pass-through Number 3110002-15	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 in 34CFR Part 200; the General Provisions regulations in 34 CFR Part 299 and EDGAR in 34 CFR Parts 76 (except for 76.650-76.662 (participation of students enrolled in private schools)), 77, 79, 81, 82, 85, 97, 98, and 99 and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200.	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
5	Award Amount: \$87,074	11 Evaluations:
6	Period of Award: July 1, 2015 – September 30, 2017 Contingent upon Special Instructions/Conditions in Box 13	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions: All funds must be spent down to no more than 15% of awarded amount by September 30, 2016. 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 st Quarter FY17, September 30, 2016. 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, 2016. 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.	
14	Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: August 10, 2015

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Scott County Schools Street Address 2168 Frankfort Pk. City, State Zip Georgetown, KY 40324	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 th Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 th Floor CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A150017 MUNIS Project Number 311B MOA Number N/A Pass-through Number 3110002-15	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 in 34CFR Part 200; the General Provisions regulations in 34 CFR Part 299 and EDGAR in 34 CFR Parts 76 (except for 76.650-76.662 (participation of students enrolled in private schools)), 77, 79, 81, 82, 85, 97, 98, and 99 and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200.	
5	Award Amount: \$102,243	11 Evaluations:
6	Period of Award: July 1, 2015 – September 30, 2017 Contingent upon Special Instructions/Conditions in Box 13	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions: All funds must be spent down to no more than 15% of awarded amount by September 30, 2016. 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 st Quarter FY17, September 30, 2016. 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, 2016. 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.	
14	Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: August 10, 2015

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Todd County Schools Street Address 205 Airport Rd City, State Zip Elkton, KY 42220	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 th Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 th Floor CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A150017 MUNIS Project Number 311B MOA Number N/A Pass-through Number 3110002-15	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 in 34CFR Part 200; the General Provisions regulations in 34 CFR Part 299 and EDGAR in 34 CFR Parts 76 (except for 76.650-76.662 (participation of students enrolled in private schools)), 77, 79, 81, 82, 85, 97, 98, and 99 and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200.	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
5	Award Amount: \$99,781	11 Evaluations:
6	Period of Award: July 1, 2015 – September 30, 2017 Contingent upon Special Instructions/Conditions in Box 13	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions: All funds must be spent down to no more than 15% of awarded amount by September 30, 2016. 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 st Quarter FY17, September 30, 2016. 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, 2016. 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.	
14	Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: August 10, 2015

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Warren County Schools Street Address 303 Lover's Ln City, State Zip Bowling Green, KY 42102-2392	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 th Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 th Floor CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A150017 MUNIS Project Number 311B MOA Number N/A Pass-through Number 3110002-15	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 in 34CFR Part 200; the General Provisions regulations in 34 CFR Part 299 and EDGAR in 34 CFR Parts 76 (except for 76.650-76.662 (participation of students enrolled in private schools)), 77, 79, 81, 82, 85, 97, 98, and 99 and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200.	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
5	Award Amount: \$87,959	11 Evaluations:
6	Period of Award: July 1, 2015 – September 30, 2017 Contingent upon Special Instructions/Conditions in Box 13	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions: All funds must be spent down to no more than 15% of awarded amount by September 30, 2016. 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 st Quarter FY17, September 30, 2016. 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, 2016. 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.	
14	Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: August 10, 2015

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Webster County Schools Street Address 28 State Rt. 1340 City, State Zip Dixon, KY 42409	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant Heather Rhorer; (502) 564-3791 Ext. 4003 Street Address 500 Mero Street, 8 th Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 th Floor CPT City, KY Zip Frankfort, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A PR/AWARD NUMBER (FAIN) S011A150017 MUNIS Project Number 311B MOA Number N/A Pass-through Number 3110002-15	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 in 34CFR Part 200; the General Provisions regulations in 34 CFR Part 299 and EDGAR in 34 CFR Parts 76 (except for 76.650-76.662 (participation of students enrolled in private schools)), 77, 79, 81, 82, 85, 97, 98, and 99 and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in 2 CFR Part 200.	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
5	Award Amount: \$144,401	11 Evaluations:
6	Period of Award: July 1, 2015 – September 30, 2017 Contingent upon Special Instructions/Conditions in Box 13	
12	Consortia/Partnership Members: Henderson Co. \$25,807	
13	Special Instructions/Conditions: All funds must be spent down to no more than 15% of awarded amount by September 30, 2016. 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 st Quarter FY17, September 30, 2016. 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, 2016. 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.	
14	Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: August 10, 2015



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