1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Allen Co	unty	1000	State
	Street Address 570 Oliv	er Street	1	Federal
	City, State Zip Scottsvil	er Street le, KY 42164		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*855		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		Our		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	9	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019		LII
12	Consortia/Partnership Memb			
13	Special Instructions/Condition	ons:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Anderso	n County	1000	State
	Street Address 1160 By	Pass North	1	Federal
	City, State Zip Lawrenc	Pass North eburg, KY 40342		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*898		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		110		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 201	8-June 30, 2019	7661	
12	Consortia/Partnership Meml			
13	Special Instructions/Condition	ins:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Augusta	Independent		State
	Street Address 307 Brac	cken St	1	Federal
	City, State Zip Augusta,	cken St , KY 41002		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Ciliful Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*900		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		0111		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019		LIII
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio	ons:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director	11	Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1 Name and Address of Recipient:		7	Fund Type:
Agency Name Ballard Cou	inty		State
Street Address 3465 Paduc	cah Rd	1	Federal
City, State Zip Barlow, KY	cah Rd 42024		Other:
DUNS#			
		8	Method of Payment:
2 KDE Contact Information:			Federal Cash Request
Program Consultant G	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
Street Address 3	00 Sower Blvd-5 th Floor-		Automatic Payment
G	Glenna.Cummins@Education.Ky.Gov		
Budget Contact K	ristin Burton-502.564.1979 x4346		Lump Sum
Street Address 3	00 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
City, KY Zip	rankfort, KY 40601		
	Cilifui Cit,	9	Reimbursement Frequency:
3 Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Y19-Community Education Grant		Quarterly
	General Funds		Other Half Payment-1 st & 3 rd Quarters
CFDA# N	I/A		
	I/A		
	10E	10	Financial Reporting Method:
-	ON2 540 19*902		Electronic Submission CDIP
Pass-through Number N	I/A		
			Other
4 Grant Authority (Source):			
4 Grant Additioney (Source).	Oug		
5 Award Amount:	Our		Evaluations: Each program will be evaluated per specific
\$20,000	Commonwe	20	guidelines to be disseminated by KDE Program Staff
6 Period of Award: July 1, 2018-Ju	une 30, 2019	al	LIII
12 Consortia/Partnership Members	s:		
13 Special Instructions/Conditions:			
14 Authorized By (Name/Title): T	ara Rodriguez, Director		Date:
2. Additionized by (Nume, Inde).	ara resurguezy streets		
D	Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Bardstown Independent			State
	Street Address 308 N Fit	fth St	1	Federal
	City, State Zip Bardstov	fth St vn, KY 40004		Other:
	DUNS#		-	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Ciliful Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON <mark>2 540 19*903</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		0110		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	B-June 30, 2019		
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio	ns:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
	, (: :, :).	quea		
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Barren C	ounty		State
	Street Address 202 W V	/ashington St	1	Federal
	City, State Zip Glasgow	/ashington St , KY 42141		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*904		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
-	Councillation, (Counce)	0110		
5	Award Amount:	Oui		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	20	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	3-June 30, 2019	ai	LIII
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio	ns:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
	The state of the s	quea		
		Division of Consolidated Plans & Audits	Alexander and the second	July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Bath Cou	unty		State
	Street Address 405 W N	1ain St	1	Federal
	City, State Zip Owingsv	lain St ille, KY 40360		Other:
	DUNS#		-	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*905		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		()111		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	B-June 30, 2019	7661	CAL .
12	Consortia/Partnership Memb	nove:		
13	Special Instructions/Conditio	ns:		
			-4	
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Bell Cou	nty		State
	Street Address PO Box 3	340	1	Federal
	City, State Zip Pineville	340 e, ky 40977		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Ciliful Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*907		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		0111		
5	Award Amount:	C		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	RA	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 201	8-June 30, 2019	7661	
12	Consortia/Partnership Memb	nars:		
13	Special Instructions/Condition			
15	Special instructions/conditio	ins:		
			A	
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Boone C	ounty		State
	Street Address 8330 US	42	1	Federal
	City, State Zip Florence	e, KY 41042 CPAn		Other:
	DUNS#		-	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Ciliful Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*908		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		0111		
5	Award Amount:	C		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	RA	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	7661	
12	Consortia/Partnership Memb	pers:	1	
13	Special Instructions/Conditio			
	, cp, co			
14	Authorized By (Name/Title):	Tara Rodriguez Director		Date:
1-7	Authorized by (Name, Title).	raid Rodriguez, Director		Dutc.
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Bourbon	County	The same of the sa	State
	Street Address 3343 Lex	rington Rd	1	Federal
	City, State Zip Paris, KY	tington Rd 40361		Other:
	DUNS#		4	16
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:	-	Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*923		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		Our		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	20	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	3-June 30, 2019	a	LII
12	Consortia/Partnership Memb	pers:	6.19	
13	Special Instructions/Conditio	ns:		
		A COLOR		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Bowling	Green Independent		State
	Street Address 1211 Cer	nter St	1	Federal
	City, State Zip Bowling	nter St Green, KY 42101		Other:
	DUNS#		-	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*910		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):		-	
		Our		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	00	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	Jal	LII
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio	ns:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
	,, , , , , , , , , , , , , , , , , , , ,	quea		
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Boyd Co	unty		State
	Street Address 1104 Bol	b McCullough Dr	1	Federal
	City, State Zip Ashland,	b McCullough Dr KY 41102		Other:
	DUNS#		-	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*912		Electronic Submission CDIP
	Pass-through Number	N/A		
	J			Other
4	Grant Authority (Source):			
-	Gramer mannerity (Geomes).	0110		
5	Award Amount:	Oui		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw		guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	a	LIII
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio	ns:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		quea		
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Butler Co	ounty		State
	Street Address PO Box 3	339	1	Federal
	City, State Zip Morgant	339 town, KY 42261		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Ciliful Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON <mark>2 540 19*913</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
	_	Our		
5	Award Amount:	C		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019		
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		quea		
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Campbe	II County		State
	Street Address 101 Orch	nard Ln	1	Federal
	City, State Zip Alexandı	nard Ln ria, KY 41001		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*914		Electronic Submission CDIP
	Pass-through Number	N/A		
	_			Other
4	Grant Authority (Source):			
		()111		
5	Award Amount:	Our Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	B-June 30, 2019	7661	
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
	 	A Comment of the Comm		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		quea		
		Division of Consolidated Plans & Audits	il second	July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Carroll C	•		State
	Street Address 813 Haw	vkins St	1	Federal
	City, State Zip Carrollto	on, KY 41008		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*915		Electronic Submission CDIP
	Pass-through Number	N/A		
	_			Other
4	Grant Authority (Source):		-	
		Our		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	201	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	a	
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio	ons:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director	11	Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Carter Co	ounty		State
	Street Address 228 S Ca	rol Malone Blvd	1	Federal
	City, State Zip Grayson	rol Malone Blvd , KY 41143		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*917		Electronic Submission CDIP
	Pass-through Number	N/A		
	_			Other
4	Grant Authority (Source):			
		Our		
5	Award Amount:	C		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	7661	CAL .
12	Consortia/Partnership Memb	ange.		
	-			
13	Special Instructions/Conditio	ins:		
			-4	
14	Authorized By (Name/Title):	Tara Rodriguez, Director	N. P.	Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Casey Co	ounty		State
	Street Address 1922 N U	JS 127	1	Federal
	City, State Zip Liberty,	JS 127 KY 42539		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Ciliful Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*916		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		1110		
5	Award Amount:	Cui		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	7661	
12	Compositio / Double analysis NA analysis			
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio	ons:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Christian	n County		State
	Street Address PO Box 6	509	1	Federal
	City, State Zip Hopkins	509 ville, KY 42241		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*918		Electronic Submission CDIP
	Pass-through Number	N/A		
	_			Other
4	Grant Authority (Source):			
		0111		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	7661	
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio	ins:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Clark Co	•		State
	Street Address 1600 W	Lexington Ave	1	Federal
	City, State Zip Winches	Lexington Ave ster, KY 40391		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1st & 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*919		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		0111		
5	Award Amount:	C		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	RA	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	7661	
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
	Special matractions, conditio			
			-4	
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Clay Cou	inty		State
	Street Address 128 Rich	imond Rd	1	Federal
	City, State Zip Manches	ster, KY 40962		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*924		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		Our		
5	Award Amount:	C		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	7661	· · · · ·
40	0 11 12 11 12			
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio	ons:		
			-46	
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Clinton (County		State
	Street Address Rt 4 Box	100 Hwy 127	1	Federal
	City, State Zip Albany, I	100 Hwy 127 KY 42602		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*926		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
	, , , , , , , , , , , , , , , , , , , ,	Our		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	20	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	a	LIII
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio	ons:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		ruca		
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Cloverpo	ort Independent		State
	Street Address PO Box 3		1	Federal
	City, State Zip Cloverpo	ort, KY 40111		Other:
	DUNS#		7	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Ciliful Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON <mark>2 540 19*927</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		1110		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	3-June 30, 2019	7661	
12	Consortio/Doutroughin Month			
	Consortia/Partnership Memb			
13	Special Instructions/Conditio	ns:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Crittend	en County		State
	Street Address PO Box 3	362	1	Federal
	City, State Zip Marion,	862 KY 42064 EPAN		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*928		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		Our		
5	Award Amount:	C		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	7661	
12	Consortia/Partnership Memb	pers:	1	
13	Special Instructions/Conditio			
	, cp,,,			
14	Authorized By (Name/Title):	Tara Podriguez, Director		Date:
14	Authorized by (Name/ Title):	raia Nouriguez, Director		Date.
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Cumberl	and County	1000	State
	Street Address PO Box 4	120	1	Federal
	City, State Zip Burkesvi	120 Ile, KY 42717		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON <mark>2 540 19*929</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):		-	
		Our		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019		LII A
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio	ns:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
	,, , , , , , , , , , , , , , , , , , , ,	quea		
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Edmons	on County		State
	Street Address PO Box 1	129	1	Federal
	City, State Zip Brownsv	129 rille, KY 42210		Other:
	DUNS#		7	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*930		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):		-	
		()11r		
5	Award Amount:	C		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	R	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 201	8-June 30, 2019	7661	
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Condition			
	Special monatonis, contained			
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Elliott County			State
	Street Address PO Box 7	767	1	Federal
	City, State Zip Sandy H	767 ook, KY 41171		Other:
	DUNS#			18
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*931		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):		-	
-	Cramer launent, (Course,)	Oug		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	00	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 201	8-June 30, 2019	a	Ш
12	Consortia/Partnership Memb			
13	Special Instructions/Condition	ons:		
14	Authorized By (Name/Title):	Tara Rodriguez Director	T	Date:
1-4	Additionized by (Maine, Intie).	Tara Nouriguez, Director		Dutc.
		Division of Consolidated Plans & Audits		July 1, 2018
	<u> </u>			• •

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Estill Cou	unty	The second secon	State
	Street Address PO Box S	930	1	Federal
	City, State Zip Irvine, K	930 Y 40336		Other:
	DUNS#		-	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*939		Electronic Submission CDIP
	Pass-through Number	N/A		
	_			Other
4	Grant Authority (Source):			
		Our		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	20	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	Jal	
12	Consortia/Partnership Memb			
13	Special Instructions/Condition	ons:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director	11	Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Fayette	County		State
	Street Address 701 E Ma	ain St	1	Federal
	City, State Zip Lexingto	ain St on, KY 40502		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON <mark>2 540 19*945</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		Our		
5	Award Amount:	C		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	a	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	7661	
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio	ons:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director	10	Date:
		Division of Consolidated Plans & Audits	All Sections	July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Floyd Co	punty		State
	Street Address 106 N Fr	ont Ave	1	Federal
	City, State Zip Prestons	sburg, KY 41653		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*948		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		Our		
5	Award Amount:	Oui		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	00	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	a	LII
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio	ons:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Franklin	County		State
	Street Address 916 E Ma	ain St	1	Federal
	City, State Zip Frankfor	ain St rt, KY 40601		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Ciliful Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON <mark>2 540 19*949</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
	_	Our		
5	Award Amount:	C		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	a	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019		
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
14	Authorized By (Name/Title):	Tara Rodriguez, Director	11	Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Fulton Ir	ndependent		State
	Street Address 304 Wes	st State Line	1	Federal
	City, State Zip Fulton, k	st State Line (Y 42041		Other:
	DUNS#		-	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*950		Electronic Submission CDIP
	Pass-through Number	N/A		
	_			Other
4	Grant Authority (Source):			
		0111		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	RA	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	7661	
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
	Special instructions, conditions.			
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
	, , , , , , , , , , , , , , , , , , ,	quea		
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Garrard	•		State
	Street Address 322 W N	Naple St	1	Federal
	City, State Zip Lancaste	Paple St Pr, KY 40444		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*1478		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		0115		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	99	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	CLI	
12	Consortia/Partnership Memb			
13	Special Instructions/Condition	ons:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director	11	Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Grant Co	punty	2000	State
	Street Address 820 Arni	e Risen Boulevard	1	Federal
	City, State Zip Williams	e Risen Boulevard stown, KY 41097		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*952		Electronic Submission CDIP
	Pass-through Number	N/A		
	_			Other
4	Grant Authority (Source):			
		Our		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	20	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	Jal	
12	Consortia/Partnership Memb			
13	Special Instructions/Condition	ins:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
				11.4.2242
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Graves C	County		State
	Street Address 2290 Sta	te Rt 121 N	1	Federal
	City, State Zip Mayfield	Ite Rt 121 N I, KY 42066		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*953		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		0111		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 201	8-June 30, 2019		
12	Consortia/Partnership Memb			
13	Special Instructions/Condition	ns:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director	111	Date:
		Division of Consultate of Division Of April 19		b-b-4 2040
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Grayson	County		State
	Street Address PO Box 4	4009	1	Federal
	City, State Zip Leitchfie	4009 eld, KY 42754		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*954		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):		-	
		1110		
5	Award Amount:	Cui		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	Re	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	7661	CAL .
42	0 11 12 11 12			
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio	ons:		
		A CI		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Hancock	County		State
	Street Address 83 State	Rt 271 N	1	Federal
	City, State Zip Hawesvi	Rt 271 N Ile, KY 42348		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Ciliful Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON <mark>2 540 19*955</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
	_	Our		
5	Award Amount:	C		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	7661	
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		auca		
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Hardin C	ounty		State
	Street Address 65 W A J	enkins Rd	1	Federal
	City, State Zip Elizabeth	enkins Rd ntown, KY 42701		Other:
	DUNS#		7	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cimui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*957		Electronic Submission CDIP
	Pass-through Number	N/A	١.	
				Other
4	Grant Authority (Source):			
		Our		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	B-June 30, 2019	7661	
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
	,	Rel		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Harlan C	County		State
	Street Address 251 Ball	Park Rd	1	Federal
	City, State Zip Harlan, H	Park Rd KY 40831		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*958		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		1110		
5	Award Amount:	Cui		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	29	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	7661	
42	0 11 12 11 12			
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio	ons:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Harrison	County		State
	Street Address 324 Web	oster Ave	1	Federal
	City, State Zip Cynthiar	oster Ave na, KY 41031		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*959		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		()11r		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	3-June 30, 2019	7661	· · · · ·
42	Companyia (Double and in Manual			
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio	ns:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Henderson County			State
	Street Address 1805 See	cond St	1	Federal
	City, State Zip Henders	on, KY 42420		Other:
	DUNS#		-	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*960		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0110		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	00	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 201	8-June 30, 2019	a	LIII
12	Consortia/Partnership Meml			
13	Special Instructions/Condition	ins:		
14	Authorized By (Name/Title):	Tara Rodriguez Director		Date:
	Authorized by (Maine, litte).	Tara Rodriguez, Birector		Dutc.
		Division of Consolidated Plans & Audits		July 1, 2018
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1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Hickman	County	100	State
	Street Address 416 Wat	erfield Dr	1	Federal
	City, State Zip Clinton,	erfield Dr KY 42031		Other:
	DUNS#		7	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*961		Electronic Submission CDIP
	Pass-through Number	N/A		
	_			Other
4	Grant Authority (Source):			
		()11r		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	3-June 30, 2019		
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio	ns:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		Division of Consolidated Plans & Audits	All Control of the Co	July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Jackson	County		State
	Street Address PO Box 2	217	1	Federal
	City, State Zip McKee,	217 KY 40447 CDAN		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*962		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		Our		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 201	8-June 30, 2019	Jal	
12	Consortia/Partnership Meml			
13	Special Instructions/Condition	ons:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		Division of Consolidated Plans & Audits		July 1, 2018
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1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Jackson	Independent		State
	Street Address 940 High	nland Ave	1	Federal
	City, State Zip Jackson,	Nland Ave KY 41339		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*963		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		0111		
5	Award Amount:	C		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	29	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	7661	
42	0 11 12 11 12			
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio	ons:		
		A CI		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Jeffersor	•		State
	Street Address PO Box 3	34020	1	Federal
	City, State Zip Louisville	84020 e, KY 40232		Other:
	DUNS#		7	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*964		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		1110		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	3-June 30, 2019	7661	
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio	ns:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipient:		7	Fund Type:
	· ·	ne County	The same	State
	Street Address 871 Wilr	more Rd	1	Federal
	City, State Zip Nicholas	more Rd sville, KY 40356		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Ciliful Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*965		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		0115		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	20	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	Jal	
12	Consortia/Partnership Memb			
13	Special Instructions/Condition	ons:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director	11	Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Johnson	County		State
	Street Address 253 N M	layo Tr	1	Federal
	City, State Zip Paintsvil	layo Tr le, KY 41240		Other:
	DUNS#		7	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Ciliful Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*966		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):		-	
		1110		
5	Award Amount:	Cui		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	29	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	7661	· · · · ·
42	0 11 12 11 12			
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio	ons:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Kenton (County		State
	Street Address 1055 Eat	on Dr	1	Federal
	City, State Zip Fort Wri	con Dr ght, KY 41017		Other:
	DUNS#		7	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cimui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*968		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		Our		
5	Award Amount:	o Jui		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	1	
12	Consortia/Partnership Memb	pers:	1	
13	Special Instructions/Conditio			
	A LEON			
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Knott Co	•	Marin.	State
	Street Address PO Box 8	369	1	Federal
	City, State Zip Hindmar	n, KY 41822 Epar		Other:
	DUNS#		1	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cimui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*969		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		0110		
5	Award Amount:	Oui		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	20	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	Jai	
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio	ns:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		Division of Consolidated Plans & Audits	No. of the last of	July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name LaRue Co	ounty		State
	Street Address 208 Colle	ege St	1	Federal
	City, State Zip Hodgen	ege St ville, KY 42748		Other:
	DUNS#		-	18
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON <mark>2 540 19*970</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		0110		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	7661	
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio	ns:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		duca		
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Lawrenc	e County	100	State
	Street Address PO Box 6	507	1	Federal
	City, State Zip Louisa, k	607 Y 41230 Epar		Other:
	DUNS#		-	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*974		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		1110		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	3-June 30, 2019	7661	CII
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio	ns:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Leslie Co	punty		State
	Street Address PO Box 9	949	1	Federal
	City, State Zip Hyden, k	949 KY 41749		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*975		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		1110		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	7661	
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio	ons:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		Division of Consolidated Plans & Audits		July 1, 2018

Agency Name Letcher County Street Address 224 Park St City, State Zip DUNS#	1	Name and Address of Recipient:		7	Fund Type:
City, State Zip Whitesburg, KY 41858		Agency Name Letcher	County		State
DUNS# DUNS#		Street Address 224 Park	(St	1	Federal
DUNS# DUNS#		City, State Zip Whitesb	urg, KY 41858		Other:
RDE Contact Information: Program Consultant Glenna Cummins-502-564-1473 x4011 Street Address 300 Sower Bivd-5" Floor- Glenna Cummins@Education.Ky, Gov Budget Contact Kristin Burton-502.564.1979 x4346 Street Address 300 Sower Bivd-5" Floor- Glenna Cummins@Education.Ky, Gov Budget Contact Kristin Burton-502.564.1979 x4346 Street Address 300 Sower Bivd-5" Floor City, KY Zip Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description FY19-Community Education Grant Fund Source General Funds CFDA# N/A PR/AWARD NUMBER (FAIN) N/A MUNIS Project Number 110E MOA Number PON2 540 19*976 Pass-through Number N/A 4 Grant Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: Consortia/Partnership Members: 14 Authorized By (Name/Title): Tara Rodriguez, Director		DUNS#		-	
Program Consultant Street Address 300 Sower Blvd5th Floor City, KY Zip Frankfort, KY 40601 Description Fy19-Community Education Grant Fund Source General Funds CFDA# MVA MUNIS Project Number MOA Number PoN2 540 19*976 Pass-through Number N/A Grant Authority (Source): Authorized By (Name/Title): Tara Rodriguez, Director Date: Expenditure Reimbursement Automatic Payment Expenditure Reimbursement Automatic Payment Automatic Payment Lump Sum Receipt of Invoice from Vendor Lump Sum Receipt of Invoice from Vendor Lump Sum Receipt of Invoice from Vendor Current Monthly Other Half Payment-1** & 3rd Quarters This manufal Reporting Method: Other Evaluations: Each program will be evaluated per specific guidelines to be disseminated by KDE Program Staff Authorized By (Name/Title): Tara Rodriguez, Director Date:				8	Method of Payment:
Street Address 300 Sower Blvd-5th Floor- Gleana. Cummins@Education.Ky.Gov Budget Contact Street Address 300 Sower Blvd-5th Floor City, KY Zip Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description Fund Source General Funds CFDA# PR/AWARD NUMBER (FAIN) MUNIS Project Number MOA Number PON2 540 19*976 Pass-through Number MOA Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 Lump Sum Lump Sum Receipt of Invoice from Vendor Lump Sum Receipt of Invoice from Vendor Lump Sum Receipt of Invoice from Vendor Monthly Quarterly Monthly Quarterly Other Half Payment-1st & 3rd Quarters Financial Reporting Method: Electronic Submission CDIP Difficulties to be disseminated by KDE Program Staff Evaluations: Each program will be evaluated per specific guidelines to be disseminated by KDE Program Staff Authorized By (Name/Title): Tara Rodriguez, Director Date:	2	KDE Contact Information:			Federal Cash Request
Glenna Cummins@Education.Ky.GoV Kristin Burton-502.564.1979 x4346 Street Address 300 Sower Blvd5" Floor City, KY Zip Frankfort, KY 40601 Prankfort, KY 40601 P		Program Consultant	Glenna Cummins-502-564-1473 x4011		
Budget Contact Street Address 300 Sower Blvd5 th Floor City, KY Zip Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description Fund Source General Funds CFDA# N/A PR/AWARD NUMBER (FAIN) MUNIS Project Number MOA Number PON2 540 19*976 Pass-through Number A Grant Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 10 Lump Sum Receipt of Invoice from Vendor Quarterly Quarterly Quarterly Quarterly Quarterly Quarterly Description Payment-1* & 3'd Quarters Other		Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
Street Address City, KY Zip Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description Fund Source General Funds CFDA# PR/AWARD NUMBER (FAIN) MUNIS Project Number N/A Pass-through Number Ponz 540 19*976 Pass-through Number 4 Grant Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 Receipt of Invoice from Vendor Monthly Quarterly Monthly Quarterly Other Half Payment-1* & 3rd Quarters Financial Reporting Method: Electronic Submission CDIP Other Evaluations: Each program will be evaluated per specific guidelines to be disseminated by KDE Program Staff 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: Date:			Glenna.Cummins@Education.Ky.Gov		
City, KY Zip Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description FY19-Community Education Grant Fund Source General Funds CFDA# N/A PR/AWARD NUMBER (FAIN) N/A MUNIS Project Number 110E MOA Number PON2 540 19*976 Pass-through Number N/A Grant Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director Prind Source General Funds Monthly Quartery Quartery Quartery 10 Financial Reporting Method: Electronic Submission CDIP Other Evaluations: Each program will be evaluated per specific guidelines to be disseminated by KDE Program Staff Date:		Budget Contact			Lump Sum
3 Description/Fund Source of Award and Fiscal Year: Description FY19-Community Education Grant Fund Source General Funds CFDA# PR/AWARD NUMBER (FAIN) MUNIS Project Number MOA Number PON2 540 19*976 Pass-through Number N/A Grant Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: 9 Reimbursement Frequency:		Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
Description/Fund Source of Award and Fiscal Year: Description		City, KY Zip	Frankfort, KY 40601		
Description FY19-Community Education Grant General Fund Source General Funds CFDA# N/A PR/AWARD NUMBER (FAIN) N/A MUNIS Project Number 110E MOA Number PON2 540 19*976 Pass-through Number N/A Grant Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director Quarterly Other Quarterly Quarte			Ciliful Cit,	9	Reimbursement Frequency:
Fund Source CFDA# PR/AWARD NUMBER (FAIN) N/A MUNIS Project Number MOA Number Pass-through Number Pass-through Number 4 Grant Authority (Source): 5 Award Amount: \$\frac{1}{5},000} 6 Period of Award: July 1, 2018-June 30, 2019 10 Financial Reporting Method:	3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
CFDA# PR/AWARD NUMBER (FAIN) N/A MUNIS Project Number MOA Number Pass-through Number Pass-through Number 4 Grant Authority (Source): 5 Award Amount: \$20,000 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director Date: 10 Financial Reporting Method:		Description	FY19-Community Education Grant		
PR/AWARD NUMBER (FAIN) N/A MUNIS Project Number 110E MOA Number PON2 540 19*976 Pass-through Number N/A Grant Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director Date:		Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
MUNIS Project Number MOA Number PoN2 540 19*976 Pass-through Number 4 Grant Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director 10 Financial Reporting Method: © Electronic Submission CDIP © Other Evaluations: Each program will be evaluated per specific guidelines to be disseminated by KDE Program Staff Date:		CFDA#	N/A		
MOA Number PON2 540 19*976 N/A Grant Authority (Source): Moa Mumber Pons 540 19*976 N/A Grant Authority (Source): Moard Amount: \$20,000 Evaluations: Each program will be evaluated per specific guidelines to be disseminated by KDE Program Staff CDIP Other Evaluations: Each program will be evaluated per specific guidelines to be disseminated by KDE Program Staff CDIP Other Long Flectronic Submission CDIP Other Award Amount: \$20,000 For Control Program will be evaluated per specific guidelines to be disseminated by KDE Program Staff Authorized By (Name/Title): Tara Rodriguez, Director Date:		PR/AWARD NUMBER (FAIN)	N/A		
Pass-through Number N/A Grant Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director Date:		MUNIS Project Number	110E	10	Financial Reporting Method:
4 Grant Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director Date:		MOA Number	PON2 540 19*976		Electronic Submission CDIP
4 Grant Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director Date:		Pass-through Number	N/A		
5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director Evaluations: Each program will be evaluated per specific guidelines to be disseminated by KDE Program Staff Date:					Other
\$20,000 6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director Date:	4	Grant Authority (Source):		-	
\$20,000 6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director Date:			0115		
6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director Date:	5	Award Amount:	Our		
12 Consortia/Partnership Members: 13 Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director Date:			Commonw	20	guidelines to be disseminated by KDE Program Staff
Special Instructions/Conditions: Authorized By (Name/Title): Tara Rodriguez, Director Date:	6	Period of Award: July 1, 2018	8-June 30, 2019	Ja.	LII
Special Instructions/Conditions: Authorized By (Name/Title): Tara Rodriguez, Director Date:					
14 Authorized By (Name/Title): Tara Rodriguez, Director Date:	12				
queac	13	Special Instructions/Condition	ons:		
queac					
queac	14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
Division of Consolidated Plans & Audits July 1, 2018			quea		
Division of Consonidated Flans & Addits July 1, 2010			Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Lincoln (County		State
	Street Address PO Box 2	265	1	Federal
	City, State Zip Stanford	265 I, KY 40484		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*982		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		1110		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	7661	CII
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio	ins:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Livingsto	on County		State
	Street Address PO Box 2	219	1	Federal
	City, State Zip Smithlar	nd, KY 42081		Other:
	DUNS#		7	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*983		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		Olir		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	B-June 30, 2019	7661	CAL .
12	Compositio / Double analysis NA analysis			
	Consortia/Partnership Memb			
13	Special Instructions/Conditio	ns:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Lyon Cou	unty		State
	Street Address 217 Jenk	kins Rd	1	Federal
	City, State Zip Eddyville	kins Rd e, KY 42038		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*984		Electronic Submission CDIP
	Pass-through Number	N/A		
	_			Other
4	Grant Authority (Source):			
		0111		
5	Award Amount:	C		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	RA	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	7661	
12	Consortia/Partnership Memb	oers:		
13	Special Instructions/Conditio			
14	Authorized By (Name/Title):	Tara Rodriguez Director		Date:
14	Authorized by (Name/ Title).	raia nouriguez, Director		Date.
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Madison	County	No.	State
	Street Address PO Box 7	768	1	Federal
	City, State Zip Richmon	768 nd, KY 40475		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Ciliful Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1st & 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*985		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		Our		
5	Award Amount:	C		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	R	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	7661	
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
	Special motifications, contains			
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		auca		
		Division of Consolidated Plans & Audits		July 1, 2018

Agency Name Magoffin County Street Address PO Box 109 City, State Zip Salyersville, KY 41465 DUNS# 2	1	Name and Address of Recipient:		7	Fund Type:
City, State Zip Salyersville, KY 41465 DUNS# Dinse		Agency Name Magoffin County			State
DUNS#		Street Address PO Box 1	109	1	Federal
DUNS#		City, State Zip Salyersv	ille, KY 41465		Other:
Authorized By (Name/Title): Tara Rodriguez, Director		DUNS#		-	
Program Consultant Street Address S				8	Method of Payment:
Street Address 300 Sower Blvd-5th Floor- Gleana. Cummins@Education. Ky. Gov Budget Contact Street Address 300 Sower Blvd5th Floor City, KY Zip Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description Find Source General Funds PR/AWARD NUMBER (FAIN) MUNIS Project Number MOA Number Poss-through Number Pass-through Number Address 4 Grant Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 14 Authorized By (Name/Title): Tara Rodriguez, Director Automatic Payment Lump Sum Receipt of Invoice from Vendor Receipt of Invoice from Vendor Monthly Quarterly Quarterly Other Half Payment-1st & 3rd Quarters The Financial Reporting Method: Electronic Submission CDIP Other Evaluations: Each program will be evaluated per specific guidelines to be disseminated by KDE Program Staff Evaluations: Each program will be evaluated per specific guidelines to be disseminated by KDE Program Staff	2	KDE Contact Information:			Federal Cash Request
Budget Contact Street Address 300 Sower Blvd5 th Floor City, KY Zip Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description FY19-Community Education Grant Fund Source General Funds CFDA# N/A PR/AWARD NUMBER (FAIN) N/A MUNIS Project Number 110E MOA Number PON2 540 19*986 Pass-through Number N/A 4 Grant Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: Glenna Cummins@Education.Ky,Gov Kristin Burton-502,560 v R/4sl.,1979 x4346 Street Address 300 Sower Blvd5 th Floor □ Receipt of Invoice from Vendor □ Receipt of Invoice from Vendor □ Monthly □ Quarterly □ Other Half Payment-1 th & 3 rd Quarters □ Monthly □ Quarterly □ Other Half Payment-1 th & 3 rd Quarters □ Other □ Other □ Other □ Other □ Consortia/Partnership Members: □ Lump Sum □ Receipt of Invoice from Vendor □ Monthly □ Quarterly □ Other Half Payment-1 th & 3 rd Quarters □ Discription Monthly □ Other		Program Consultant	Glenna Cummins-502-564-1473 x4011		
Budget Contact Street Address 300 Sower Blvd5" Floor City, KY Zip Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description Fund Source General Funds CFDA# PR/AWARD NUMBER (FAIN) MUNIS Project Number 110E MOA Number PON2 540 19*986 Pass-through Number Address Successible Address Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 Lump Sum Receipt of Invoice from Vendor Quarterly Quarter		Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
Street Address City, KY Zip Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description Fund Source General Funds CFDA# PR/AWARD NUMBER (FAIN) MUNIS Project Number N/A MUNIS Project Number Pass-through Number N/A Grant Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 Receipt of Invoice from Vendor Monthly Quarterly Monthly Quarterly Other Half Payment-1* & 3*d Quarters Financial Reporting Method: Electronic Submission CDIP Other Evaluations: Each program will be evaluated per specific guidelines to be disseminated by KDE Program Staff 12 Consortia/Partnership Members: 3 Special Instructions/Conditions: Date:			Glenna.Cummins@Education.Ky.Gov		
City, KY Zip Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description FY19-Community Education Grant Fund Source General Funds CFDA# N/A PR/AWARD NUMBER (FAIN) N/A MUNIS Project Number 110E MOA Number PON2 540 19*986 Pass-through Number N/A Grant Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director Pass-through Number Note: Description Frankfort, KY 40601 9 Reimbursement Frequency: Monthly Quarterly Quarterly Quarterly Difference Other 10 Financial Reporting Method: Electronic Submission CDIP Other Evaluations: Each program will be evaluated per specific guidelines to be disseminated by KDE Program Staff Date:		Budget Contact			Lump Sum
3 Description/Fund Source of Award and Fiscal Year: Description FY19-Community Education Grant Fund Source General Funds CFDA# N/A PR/AWARD NUMBER (FAIN) MUNIS Project Number MOA Number PON2 540 19*986 Pass-through Number N/A Grant Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: PY19-Community Education Grant FY19-Community Education Grant Guardery Quartery Quartery Other Half Payment-1 ²⁰ & 3 ¹⁰ Quarters 10 Financial Reporting Method: Electronic Submission CDIP Other Evaluations: Each program will be evaluated per specific guidelines to be disseminated by KDE Program Staff Date:		Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
Description/Fund Source of Award and Fiscal Year: Description		City, KY Zip	Frankfort, KY 40601		
Description FV19-Community Education Grant Fund Source CFDA# PR/AWARD NUMBER (FAIN) N/A PR/AWARD NUMBER (FAIN) MOA Number PON2 540 19*986 Pass-through Number N/A Grant Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 14 Authorized By (Name/Title): Tara Rodriguez, Director Date: Quarterly Palf Payment-1** & 3** Quarters Plant Quarterly Palf Payment-1** & 3** Quarters Plant Quarterly Quarterly Quarterly Quarterly Quarterly Palf Payment-1** & 3** Quarters Plant Quarterly Palf Payment-1** & 3** Quarters Plant Quarterly Palf Payment-1** & 3** Quarters Plant Quarterly Quarterly Quarterly Quarterly Quarterly Palf Payment-1** & 3** Quarters Plant Quarterly Palf Quarterl			Cilifui Cit,	9	Reimbursement Frequency:
Fund Source CFDA# N/A PR/AWARD NUMBER (FAIN) MUNIS Project Number MOA Number Pass-through Number N/A Grant Authority (Source): 5 Award Amount: \$\frac{520,000}{2}\$ Period of Award: July 1, 2018-June 30, 2019 10 Evaluations: Each program will be evaluated per specific guidelines to be disseminated by KDE Program Staff 10 Evaluations: Each program will be evaluated per specific guidelines to be disseminated by KDE Program Staff 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: Date:	3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
CFDA# PR/AWARD NUMBER (FAIN) N/A MUNIS Project Number MOA Number PoN2 540 19*986 Pass-through Number N/A Grant Authority (Source): 5 Award Amount: \$20,000 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director Date: 10 Financial Reporting Method:		Description	FY19-Community Education Grant		
PR/AWARD NUMBER (FAIN) N/A MUNIS Project Number 110E MOA Number PON2 540 19*986 Pass-through Number N/A Grant Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director Date:		Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
MUNIS Project Number MOA Number PON2 540 19*986 Pass-through Number 4 Grant Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director 15 Inancial Reporting Method: Electronic Submission CDIP Other Evaluations: Each program will be evaluated per specific guidelines to be disseminated by KDE Program Staff Date:		CFDA#	N/A		
MOA Number Pass-through Number 4 Grant Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director Date: Colp Colp		PR/AWARD NUMBER (FAIN)	N/A		
Pass-through Number N/A Grant Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director Date:		MUNIS Project Number	110E	10	Financial Reporting Method:
Grant Authority (Source): 5		MOA Number	PON2 540 19*986		Electronic Submission CDIP
4 Grant Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director Date:		Pass-through Number	N/A		
5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director Evaluations: Each program will be evaluated per specific guidelines to be disseminated by KDE Program Staff Date:					Other
\$20,000 Period of Award: July 1, 2018-June 30, 2019 Consortia/Partnership Members: Special Instructions/Conditions: Authorized By (Name/Title): Tara Rodriguez, Director Date:	4	Grant Authority (Source):		-	
\$20,000 Period of Award: July 1, 2018-June 30, 2019 Consortia/Partnership Members: Special Instructions/Conditions: Authorized By (Name/Title): Tara Rodriguez, Director Date:			0110		
6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director Date:	5	Award Amount:	Our		
12 Consortia/Partnership Members: 13 Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director Date:		-	Commonw	20	guidelines to be disseminated by KDE Program Staff
Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director Date:	6	Period of Award: July 1, 2018	8-June 30, 2019	Ja.	LII
Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director Date:					
14 Authorized By (Name/Title): Tara Rodriguez, Director Date:	12				
queac	13	Special Instructions/Condition	ins:		
queac					
queac	14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
Division of Consolidated Plans & Audits July 1, 2018		, , , , , , , , , , , , , , , , , , , ,	Ruca		
Division of Consolidated Fians & Addits July 1, 2016			Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Marion (County		State
	Street Address 755 E Ma	ain St	1	Federal
	City, State Zip Lebanon	ain St n, KY 40033		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Ciliful Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*988		Electronic Submission CDIP
	Pass-through Number	N/A		
	_			Other
4	Grant Authority (Source):			
		0111		
5	Award Amount:	C		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	7661	
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
	A CI			
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Marshall	County		State
	Street Address 86 High:	School Rd	1	Federal
	City, State Zip Benton,	School Rd KY 42025		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Ciliful Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON <mark>2 540 19*989</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		Olir		
5	Award Amount:			Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	B-June 30, 2019	-	
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
14	Authorized By (Name/Title):	Tara Rodriguez Director		Date:
1-7	Additionized by (Hame) fille).	Tara Hourigact, Director		
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Mason C	County		State
	Street Address PO Box 1	130	1	Federal
	City, State Zip Maysville	130 e, KY 41056		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Ciliful Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*992		Electronic Submission CDIP
	Pass-through Number	N/A		
	_			Other
4	Grant Authority (Source):			
		0110		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019		
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio	ons:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director	11	Date:
		400		
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name McCrear	y County		State
	Street Address 120 Raid	er Way	1	Federal
	City, State Zip Stearns,	er Way KY 42647		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*993		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		()11r		
5	Award Amount:	Our Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	3-June 30, 2019	7661	
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
	Special instructions/conditions			
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
	7 (quea		
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name McLean	County		State
	Street Address PO Box 2	245	1	Federal
	City, State Zip Calhoun	245 , KY 42327		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*995		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		1110		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	7661	CII
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio	ins:		
14	Authorized By (Name/Title): Tara Rodriguez, Director Date:			
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Menifee County			State
	Street Address PO Box 1	110	1	Federal
	City, State Zip Frenchbi	urg, KY 40322	17	Other:
	DUNS#		-	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1st & 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*1001		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		1110		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	7661	
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio	ns:		
14	Authorized By (Name/Title): Tara Rodriguez, Director Date:			

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Metcalfe	e County		State
	Street Address 1007 W	Stockton	1	Federal
	City, State Zip Edmonto	Stockton on, KY 42129		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Ciliful Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON <mark>2 540 19*1002</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
	_	Our		
5	Award Amount:	C		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	-	
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
	, , ,	quea		
		Division of Consolidated Plans & Audits	All sections and the section of the	July 1, 2018

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Monroe	County		State
	Street Address 309 Emb	perton St	1	Federal
	City, State Zip Tompkir	perton St psville, KY 42167		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Ciliful Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON <mark>2 540 19*1003</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		Our		
5	Award Amount:	C		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	Pa	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	7661	
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Condition			
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		auca		
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name Montgomery County			State	
	Street Address 700 Woo	odford Drive	1	Federal	
	City, State Zip Mount S	odford Drive Sterling, KY 40353		Other:	
	DUNS#		-		
			8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement	
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment	
		Glenna.Cummins@Education.Ky.Gov			
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum	
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
		Cilifui Cit,	9	Reimbursement Frequency:	
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly	
	Description	FY19-Community Education Grant		Quarterly	
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters	
	CFDA#	N/A			
	PR/AWARD NUMBER (FAIN)	N/A			
	MUNIS Project Number	110E	10	Financial Reporting Method:	
	MOA Number	PON2 540 19*1004		Electronic Submission CDIP	
	Pass-through Number	N/A			
				Other	
4	Grant Authority (Source):		-		
		Our			
5	Award Amount:	Oui		Evaluations: Each program will be evaluated per specific	
	\$20,000	Commonw	20	guidelines to be disseminated by KDE Program Staff	
6	Period of Award: July 1, 201	8-June 30, 2019	Ja.	LII	
12	Consortia/Partnership Meml				
13	Special Instructions/Condition	ons:			
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:	
	Authorized By (Name/Title): Tara Rodriguez, Director Date:				
		Division of Consolidated Plans & Audits		July 1, 2018	
	·				

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Morgan	County	1000	State
	Street Address PO Box 4	189	1	Federal
	City, State Zip West Lib	1489 Perty, KY 41472		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*1006		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		1110		
5	Award Amount:	Cui		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	29	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	7661	CAL .
42	0 11 12 11 12			
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio	ons:		
14	Authorized By (Name/Title): Tara Rodriguez, Director Date:			
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Muhlent	berg County	No.	State
	Street Address 510 Wes	st Main Street	1	Federal
	City, State Zip Powderl	st Main Street y, KY 42367		Other:
	DUNS#	4.7	7	16
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Ciliful Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1st & 3rd Quarters
	CFDA#	N/A		Train ayment 2 do quarters
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*1007	-0	Electronic Submission CDIP
	Pass-through Number	N/A		Electronic submission CDII
	ass-tillough Number	N/A		Other
				Other
4	Grant Authority (Source):			
		0110		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	20	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	a	LIII
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Condition	ons:		
4.	Analogical Building (St. 1991)	Town Darking and District Control	-4	
14	Authorized By (Name/Title):	i ara kodriguez, Director		Date:
		Division of Consolidated Dlans 9 Audits		July 1, 2019
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Murray I	Independent		State
	Street Address 208 S 13	th St	1	Federal
	City, State Zip Murray,	KY 42071		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*1008		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
	, ,	Our		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	00	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	a	LII
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio	ons:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		quea		
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Oldham	·		State
	Street Address PO Box 2	218	1	Federal
	City, State Zip Buckner,	218 , KY 40010 CDan		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*1009		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		()11r		
5	Award Amount:	C		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	29	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	7661	
12	Compositio / Double analysis NA analysis			
	Consortia/Partnership Memb			
13	Special Instructions/Conditio	ins:		
14	Authorized By (Name/Title): Tara Rodriguez, Director Date:			
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Owen Co	ounty		State
	Street Address 1600 Hw	vy 22 E	1	Federal
	City, State Zip Owenton	vy 22 E n, KY 40359		Other:
	DUNS#		-	16
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*1010		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
_				
4	Grant Authority (Source):			
		()11r		
5	Award Amount:			Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwo	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 201	8-June 30, 2019	-	
12	Companyi / Pantuanahin Manul			
12	Consortia/Partnership Memb			
13	Special Instructions/Condition	ons:		
14	Authorized By (Name/Title):	Tara Rodriguez Director		Date:
	The state of the s	1313 113411 84021 51101101		
		Division of Consolidated Plans & Audits		July 1, 2018
	l	2 Or Compositation Figure & Addition		, -,

Agency Name Owsley County Street Address Po Box 340 City, State Zip Booneville, KY 41314 DUNS# 2	1	Name and Address of Recipie	ent:	7	Fund Type:
City, State Zip Booneville, KY 41314 DUNS# City Consortia/Partnership Members:		Agency Name Owsley 0	County		State
DUNS#		Street Address PO Box 3	340	1	Federal
RECONTACT Information: Program Consultant Glenna Cummins-502-564-1473 x4011 Street Address 300 Sower Blvd.5th Floor Glenna Cummins@Education.Ky.Gov Budget Contact Kristin Burton-502.564.1979 x4346 Street Address 300 Sower Blvd.5th Floor Glenna Cummins@Education.Ky.Gov Budget Contact Kristin Burton-502.564.1979 x4346 Street Address 300 Sower Blvd.5th Floor Glenna Cummins@Education.Ky.Gov Budget Contact Kristin Burton-502.564.1979 x4346 Street Address 300 Sower Blvd.5th Floor City, KY Zip Frankfort, KY 40601 Frankfort, KY 40601 Description Fy19-Community Education Grant Fund Source General Funds Fund Source General Funds City Amount Glenna Cummins@Education Grant Quarterly Quarterly Quarterly Quarterly Other Half Payment-1th & 3th Quarters Federal Cash Request Expenditure Reimbursement Federal Cash Request Expenditure Reimbursement Automatic Payment Receipt of Invoice from Vendor Quarterly Quarterly Quarterly Other Half Payment-1th & 3th Quarters Other Half Payment-1th & 3th Quarters Description Financial Reporting Method: Other Other Other Other Other Other Other Other Other Consortia/Partnership Members: Special Instructions/Conditions: Consortia/Partnership Members: Special Instructions/Conditions: Authorized By (Name/Title): Tara Rodriguez, Director Date:		City, State Zip Boonevi	lle, KY 41314		Other:
RDE Contact Information: Program Consultant Street Address 300 Sower Bivd-5" Floor- Glena, Cummins-502-564-1473 x4011 Street Address 300 Sower Bivd-5" Floor- Glena, Cummins@Education, Ky, Gov Budget Contact Kristin Burton-502.564.1979 x4346 Street Address 300 Sower Bivd-5" Floor City, KY Zip Frankfort, KY 40601 Frankfort, KY 40601 Pass-through Number FV19-Community Education Grant FV19-Community Education Grant General Funds N/A PR/AWARD NUMBER (FAIN) N/A MUNIS Project Number 110E MOA Number PON2 540 19*1011 N/A Pass-through Number N/A Pond Address N/A Pond Address Pond Funds Pond		DUNS#			
Program Consultant Street Address 300 Sower Blvd-5™ Floor Glenana.Cummins Betucation.Ky.Gov Budget Contact Street Address 300 Sower Blvd-5™ Floor Glenana.Cummins Education.Ky.Gov Budget Contact Street Address 300 Sower Blvd-5™ Floor City, KY Zip Frankfort, KY 40601 Description/Fund Source of Award and Fiscal Year: Description Fy19-Community Education Grant Fund Source General Funds CFDA# M/A MUNIS Project Number MOA Number PoN2 540 19*1011 Pass-through Number N/A 4 Grant Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director Direction Expenditure Reimbursement Automatic Payment Authomatic Payment Autho				8	Method of Payment:
Street Address 300 Sower Blvd-5th Floor- Glenna. Cummins@Education. Ky. Gov Budget Contact Street Address 300 Sower Blvd5th Floor City, KY Zip Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description FY19-Community Education Grant Fund Source General Funds CFDA# PR/AWARD NUMBER (FAIN) MUNIS Project Number MOA Number PON2 540 19*1011 Pass-through Number Address Grant Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 14 Authorized By (Name/Title): Tara Rodriguez, Director Automatic Payment Lump Sum Receipt of Invoice from Vendor Healf Payment-1st & 3rd Quarters Other Half Payment-1st & 3rd Quarters Pinancial Reporting Method: We Electronic Submission CDIP Dither Evaluations: Each program will be evaluated per specific guidelines to be disseminated by KDE Program Staff Evaluations: Each program will be evaluated per specific guidelines to be disseminated by KDE Program Staff	2	KDE Contact Information:			Federal Cash Request
Budget Contact Street Address 300 Sower Blvd5" Floor City, KY Zip Frankfort, KY 40601 Prankfort,		Program Consultant	Glenna Cummins-502-564-1473 x4011		
Budget Contact Street Address 300 Sower Blvd5 th Floor City, KY Zip Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description Fund Source General Funds CFDA# PR/AWARD NUMBER (FAIN) MUNIS Project Number MOA Number PON2 540 19*1011 Pass-through Number Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 Lump Sum Receipt of Invoice from Vendor Quarterly Q		Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
Street Address City, KY Zip Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description Fund Source General Funds CFDA# PR/AWARD NUMBER (FAIN) MUNIS Project Number N/A MUNIS Project Number Pass-through Number N/A Grant Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 Receipt of Invoice from Vendor Monthly Quarterly Other Half Payment-1* & 3'd Quarters Financial Reporting Method: Electronic Submission CDIP Other CDIP Other 4 Grant Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 3 Special Instructions/Conditions: Date:			Glenna.Cummins@Education.Ky.Gov		
City, KY Zip Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description FY19-Community Education Grant Fund Source General Funds CFDA# N/A PR/AWARD NUMBER (FAIN) N/A MUNIS Project Number 110E MOA Number PON2 540 19*1011 Pass-through Number N/A Grant Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director Prind Source General Funds Monthly Quarterly Quarterly Quarterly Quarterly Differ Half Payment-1st & 3rd Quarters Other Description for Monthly Differ Half Payment-1st & 3rd Quarters Other Half Payment-1st & 3rd Quarters Flectronic Submission CDIP Financial Reporting Method: Differ Half Payment-1st & 3rd Quarters Other Half Payment-1st & 3rd Quarters Felloward Quarterly Differ Half Payment-1st & 3rd Quarters Other Half Payment-1st & 3rd Quarters Felloward Quarterly Differ Half Payment-1st & 3rd Quarters Other Half Payment-1st & 3rd Quarters Felloward Quarterly Differ Half Payment-1st & 3rd Quarters Other Half Payment-1st & 3rd Quarters Felloward Quarterly Differ Half Payment-1st & 3rd Quarters Felloward Quarterly Differ Half Payment-1st & 3rd Quarters Felloward Quarterly Differ Half Payment-1st & 3rd Quarters Other Half Payment-1st & 3rd Quarters Felloward Quarterly Differ Half Payment-1st & 3rd Quarters Other Half Payment-1st & 3rd Quarters Felloward Quarters Other Half Payment-1st & 3rd Quarters Felloward Quarters Felloward Quarters Other Half Payment-1st & 3rd Quarters Felloward Quarters Other Half Payment-1st & 3rd Quarters Felloward Quarters Other Half Payment-1st & 3rd Quarters Other Half Payment-1st & 3rd Quarters Other Half Payment-1st & 3rd Quarters		Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
3 Description/Fund Source of Award and Fiscal Year: Description FY19-Community Education Grant Fund Source General Funds CFDA# PR/AWARD NUMBER (FAIN) MUNIS Project Number MOA Number PoN2 540 19*1011 Pass-through Number N/A Grant Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: 9 Reimbursement Frequency:		Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
Description/Fund Source of Award and Fiscal Year: Description		City, KY Zip	Frankfort, KY 40601		
Description/Fund Source of Award and Fiscal Year: Description			Cilifui Cii,	9	Reimbursement Frequency:
Description FY19-Community Education Grant General Fund Source General Funds CFDA# N/A PR/AWARD NUMBER (FAIN) N/A MUNIS Project Number 110E MOA Number PON2 540 19*1011 Pass-through Number N/A Grant Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director Quarterly	3	Description/Fund Source of A	Award and Fiscal Year:		
Fund Source CFDA# PR/AWARD NUMBER (FAIN) N/A MUNIS Project Number N/A MONIS Project Number Pass-through Number Pass-through Number 4 Grant Authority (Source): 5 Award Amount: \$20,000 Period of Award: July 1, 2018-June 30, 2019 10 Financial Reporting Method: Electronic Submission CDIP Other Evaluations: Each program will be evaluated per specific guidelines to be disseminated by KDE Program Staff 12 Consortia/Partnership Members: Special Instructions/Conditions: Date:		•			
CFDA# PR/AWARD NUMBER (FAIN) N/A MUNIS Project Number MOA Number Pass-through Number N/A Grant Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director Date: 10 Financial Reporting Method:					
PR/AWARD NUMBER (FAIN) N/A MUNIS Project Number 110E MOA Number PON2 540 19*1011 Pass-through Number N/A Grant Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director Date:		CFDA#	N/A		
MUNIS Project Number MOA Number PON2 540 19*1011 N/A Grant Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director 15 Informacial Reporting Method: Electronic Submission CDIP Other Evaluations: Each program will be evaluated per specific guidelines to be disseminated by KDE Program Staff Date:		PR/AWARD NUMBER (FAIN)			
MOA Number PON2 540 19*1011				10	Financial Reporting Method:
Pass-through Number N/A Grant Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director Date:		-	PON2 540 19*1011		
4 Grant Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director Date:		Pass-through Number	N/A		
4 Grant Authority (Source): 5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director Date:					Other
5 Award Amount: \$20,000 6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director Evaluations: Each program will be evaluated per specific guidelines to be disseminated by KDE Program Staff By Glasseminated by KDE Program Staff Date:	4	Grant Authority (Source):			
\$20,000 Period of Award: July 1, 2018-June 30, 2019 Consortia/Partnership Members: Special Instructions/Conditions: Authorized By (Name/Title): Tara Rodriguez, Director Date:	-	Grante Authority (Source).	Oug		
6 Period of Award: July 1, 2018-June 30, 2019 12 Consortia/Partnership Members: 13 Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director Date:	5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
12 Consortia/Partnership Members: 13 Special Instructions/Conditions: 14 Authorized By (Name/Title): Tara Rodriguez, Director Date:		\$20,000	Commonw	00	guidelines to be disseminated by KDE Program Staff
Special Instructions/Conditions: Authorized By (Name/Title): Tara Rodriguez, Director Date:	6	Period of Award: July 1, 201	8-June 30, 2019	a	ui /
Special Instructions/Conditions: Authorized By (Name/Title): Tara Rodriguez, Director Date:					
14 Authorized By (Name/Title): Tara Rodriguez, Director Date:	12	Consortia/Partnership Memb	pers:		
queac	13	Special Instructions/Condition	ons:		
queac					
queac	14	Authorized By (Name/Title)	Tara Rodriguez, Director		Date:
Division of Consolidated Plans & Audits July 1, 2018	1-7	Additionized by (Maine) fille).	raid Rodriguez, Director		Butc.
			Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Pendleto	on County		State
	Street Address 2525 Hw	vy 27 N	1	Federal
	City, State Zip Falmout	wy 27 N h, KY 41040		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*1012		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		0115		
5	Award Amount:	Oui		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	20	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	- CLI	LII
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio	ons:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director	11	Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Perry Co	ounty		State
	Street Address 315 Park	Ave	1	Federal
	City, State Zip Hazard,	KAVE KY 41701 CDAM		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON <mark>2 540 19*1013</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		0110		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	09	guidelines to be disseminated by KDE Program Staff
6	Period of Award: August 1, 2	2018-June 30, 2019	- CEI	
12	Consortia/Partnership Memb			
13	Special Instructions/Condition	ons:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
	, (,	quea		
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Pike Cou	inty		State
	Street Address PO Box 3	3097	1	Federal
	City, State Zip Pikeville	3097 , KY 41502		Other:
	DUNS#		-	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*1014		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
4	Grant Authority (Source).	Our		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commence		guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 201	8-June 30, 2019	d	The state of the s
		5 Julie 55, 2015		
12	Consortia/Partnership Meml	pers:		
13	Special Instructions/Condition	ens:		
44	Authorized Bu (Nove / Titl)	Toro Barbinara Biratan	-4	
14	Authorized By (Name/Title):	rara kodriguez, Director		Date:
		Division of Consolidated Plans & Audits		July 1, 2018
		Division of Consolidated Flans & Addits		July 1, 2010

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Powell C	County		State
	Street Address PO Box 4	430	1	Federal
	City, State Zip Stanton,	430 , KY 40380 EDAn		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*1018		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		1110		
5	Award Amount:	Cui		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	29	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 201	8-June 30, 2019	7661	CAL .
40	0 /0			
12	Consortia/Partnership Memb			
13	Special Instructions/Condition	ons:		
		A CI		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Pulaski (County	1000	State
	Street Address PO Box 1	1055	1	Federal
	City, State Zip Somerse	1055 et, KY 42502		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*1019		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		Our		
5	Award Amount:	C		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 201	8-June 30, 2019	7661	
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Condition			
	openal metractions, contains			
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		auca		
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Robertso	on County	1000	State
	Street Address PO Box 1	108	12	Federal
	City, State Zip Mount C	108 Olivet, KY 41064		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Ciliful Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*1020		Electronic Submission CDIP
	Pass-through Number	N/A		
	_			Other
4	Grant Authority (Source):			
		0111		
5	Award Amount:	C		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 201	8-June 30, 2019	7661	
12	Consortia/Partnership Memb	oers:		
13	Special Instructions/Condition			
		Rai		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Rockcast	tle County		State
	Street Address 245 Rich	nmond St	1	Federal
	City, State Zip Mount \	rmond St Vernon, KY 40456		Other:
	DUNS#		-	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*1027		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
-	Cramer launent, (Course,)	Oug		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	00	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 201	8-June 30, 2019	a	ui A
12	Consortia/Partnership Meml	bers:		
13	Special Instructions/Condition	ons:		
14	Authorized By (Name/Title):	Tara Rodriguez Director		Date:
1-4	Authorized by (Name/ Title).	rara Nouriguez, Director		Date.
		Division of Consolidated Plans & Audits		July 1, 2018
	<u> </u>			• •

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Rowan C	County		State
	Street Address 121 E Se	cond St	1	Federal
	City, State Zip Morehea	ad, KY 40351		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*1023		Electronic Submission CDIP
	Pass-through Number	N/A		
	_			Other
4	Grant Authority (Source):			
		0111		
5	Award Amount:	C		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	RA	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	7661	
12	Consortia/Partnership Memb	pers:	1	
13	Special Instructions/Conditio			
	- CP - CO			
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
	, , , , , , , , , , , , , , , , , , ,	quea		
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Russell County			State
	Street Address PO Box 4	140	1	Federal
	City, State Zip Jamesto	440 wn, KY 42629		Other:
	DUNS#		-	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*1024		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):		-	
		Our		
5	Award Amount:	Oui		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	20	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 201	8-June 30, 2019	Ja.	LII
12	Consortia/Partnership Meml			
13	Special Instructions/Condition	ons:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		a qua		
		Division of Consolidated Plans & Audits		July 1, 2018
	·			

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Russell I	ndependent	1000	State
	Street Address 409 Belf	ont St	1	Federal
	City, State Zip Russell,	ont St KY 41169		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*1203		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		0110		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	29	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019		
12	Consortia/Partnership Memb			
13	Special Instructions/Condition	ons:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director	11	Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Russellvi	lle Independent		State
	Street Address 355 S Su	mmer St	1	Federal
	City, State Zip Russellvi	mmer St Ile, KY 42276		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*1029		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
	, , , , , , , , , , , , , , , , , , , ,	0110		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	20	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	a	LII
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio	ns:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
	,, ,	ruca		
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Simpson	County		State
	Street Address PO Box 4	467	1	Federal
	City, State Zip Franklin,	467 , KY 42135		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Ciliful Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*1030		Electronic Submission CDIP
	Pass-through Number	N/A		
	_			Other
4	Grant Authority (Source):			
		0111		
5	Award Amount:	C		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 201	8-June 30, 2019	7661	
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Condition			
	Special motivations, condition			
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
	7 (quea		
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Todd Co	unty		State
	Street Address 205 Airp	ort Road	1	Federal
	City, State Zip Elkton, k	ort Road XY 42220		Other:
	DUNS#	4.0	7	16
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cimui cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1st & 3rd Quarters
	CFDA#	N/A		Train ayment 2 do quarters
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*1031		Electronic Submission CDIP
	Pass-through Number	N/A		Electronic submission CDII
	r ass through warner	NA .		Other
				- Other
4	Grant Authority (Source):			
		0115		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	Ja.	LII
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio	ons:		
			-4	
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Trigg Co	unty	100	State
	Street Address 202 Mai	n St	1	Federal
	City, State Zip Cadiz, K\	n St 7 42211		Other:
	DUNS#		7	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*1032		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		1110		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	3-June 30, 2019	7661	CII
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio	ns:		
14	Authorized By (Name/Title): Tara Rodriguez, Director Date:			Date:
		Division of Consolidated Plans & Audits	All Control of the Co	July 1, 2018

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Trimble	County	A CONTRACTOR OF THE PARTY OF TH	State
	Street Address PO Box 2	275	1	Federal
	City, State Zip Bedford,	KY 40006 CDAN		Other:
	DUNS#		7	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*1033		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		Our		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonw	2	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	3-June 30, 2019		LII A
12	Consortia/Partnership Members:			
13	Special Instructions/Conditions:			
14	Authorized By (Name/Title): Tara Rodriguez, Director			Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Union Co	ounty	1000	State
	Street Address 510 S Ma	art St	1	Federal
	City, State Zip Morganf	art St field, KY 42437		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Ciliful Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON <mark>2 540 19*1034</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
	_	Our		
5	Award Amount:	C		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	-	
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditions:			
14	Authorized By (Name/Title): Tara Rodriguez, Director			Date:
	auca"			
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Washing	gton County		State
	Street Address 120 Mac	ckville Hill Rd	1	Federal
	City, State Zip Springfie	ckville Hill Rd eld, KY 40069		Other:
	DUNS#		7	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*1035		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):		-	
		1110		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	29	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	1661	
12	Consortia/Partnership Memb			
13	Special Instructions/Conditions:			
14	Authorized By (Name/Title): Tara Rodriguez, Director Date:			Date:
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Wayne C	County		State
	Street Address 534 Alba	any Rd	1	Federal
	City, State Zip Montice	any Rd Illo, KY 42633		Other:
	DUNS#			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*1036		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
		0111		
5	Award Amount:	C		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	22	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018	8-June 30, 2019	7661	
12	Consortia/Partnership Memb	nars:		
13				
15	Special Instructions/Conditions:			
14	Authorized By (Name/Title): Tara Rodriguez, Director Date:			
		Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Webster County		State
	Street Address 28 State Rt 1340	101	Federal
	Street Address 28 State Rt 1340 City, State Zip Dixon, KY 42409		Other:
	DUNS#	-	18
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address 300 Sower Blvd-5 th Floor-		Automatic Payment
	Glenna.Cummins@Education.Ky.Gov		
	Budget Contact Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address 300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	" Cilifui Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	-	Monthly
	Description FY19-Community Education Grant		Quarterly
	Fund Source General Funds		Other Half Payment-1st & 3rd Quarters
	CFDA# N/A		
	PR/AWARD NUMBER (FAIN) N/A	1	
	MUNIS Project Number 110E	10	Financial Reporting Method:
	MOA Number PON2 540 19*1037		Electronic Submission CDIP
	Pass-through Number N/A		Electronic sustainasion
	1000 through Number		Other
			Ctrici
4	Grant Authority (Source):		
	()111		
5	Award Amount:		Evaluations: Each program will be evaluated per specific
	\$20,000	100	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 2018-June 30, 2019	Vec.	CII
12	Consortia/Partnership Members:		
13	Special Instructions/Conditions:		
1.0	Authorized Du (Nove / Title). Tors Dedrigues Division	Potes	
14	Authorized By (Name/Title): Tara Rodriguez, Director		Date:
			11.4.2040
	Division of Consolidated Plans & Audits		July 1, 2018

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name Wolfe Co	ounty		State	
	Street Address PO Box 1	160	1	Federal	
	City, State Zip Camptor	160 n, KY 41301		Other:	
	DUNS#	4.7	-	18	
			8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement	
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment	
		Glenna.Cummins@Education.Ky.Gov			
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum	
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
		Cilifui Cii,	9	Reimbursement Frequency:	
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly	
	Description	FY19-Community Education Grant		Quarterly	
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters	
	CFDA#	N/A			
	PR/AWARD NUMBER (FAIN)	N/A			
	MUNIS Project Number	110E	10	Financial Reporting Method:	
	MOA Number	PON2 540 19*1040		Electronic Submission CDIP	
	Pass-through Number	N/A			
	-			Other	
_	0 10 11 11 16				
4	Grant Authority (Source):				
_	Award Amount:	Ullr Ullr		Fight at the Control of the Control	
5	\$20,000			Evaluations: Each program will be evaluated per specific guidelines to be disseminated by KDE Program Staff	
6	Period of Award: July 1, 201	9 luna 20 2010	ea	guidelines to be disseminated by KDE Program Stan	
0	Period of Award. July 1, 2016	6-Julie 30, 2019			
12	Consortia/Partnership Memb	pers:			
13	Special Instructions/Conditions:				
	Special instructions, conditions.				
14	Authorized By (Name/Title): Tara Rodriguez, Director Date:			Date:	
	qca			1	
		Division of Consolidated Plans & Audits		July 1, 2018	

1	Name and Address of Recipie	ent:	7	Fund Type:
	,	rd County		State
	Street Address 330 Pisg	ah Pk	1	Federal
	City, State Zip Versaille	ah Pk es, KY 40383		Other:
	DUNS#		7	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Blvd-5 th Floor-		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502.564.1979 x4346		Lump Sum
	Street Address	300 Sower Blvd5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Ciliful Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY19-Community Education Grant		Quarterly
	Fund Source	General Funds		Other Half Payment-1 st & 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110E	10	Financial Reporting Method:
	MOA Number	PON2 540 19*1041		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source):			
4	Grant Authority (Source).	Out		
5	Award Amount:	Our		Evaluations: Each program will be evaluated per specific
	\$20,000	Commonwe	00	guidelines to be disseminated by KDE Program Staff
6	Period of Award: July 1, 201	8-June 30, 2019	d	
12	Consortia/Partnership Members:			
13	Special Instructions/Condition	ons:		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date:
		Division of Consolidated Plans & Audits		July 1, 2018
	l .			