#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Allen County 570 Oliver Street Scottsville KY 42164 N/A



Our

Commonwealth

### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (FA	AIN): N/A
MUNIS Project Number:	110F
MOA Number:	PON2
Pass-through Number:	N/A

Y20-Community Education Grant tate /A /A 10F ON2 540 19\*4940 /A

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

Period of Award: 7/10/19-6/30/2020

**Consortia/Partnership Members:** 

Special Instructions/Conditions: Authorized By (Name, Title):

Tara Rodriguez, Director Office of Continuous Improvement &

Support

Fund Type: ☐ State ☐ Federal ☐ Other:

# Method of Payment

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

### **Reimbursement Frequency:**

□ Monthly □ Quarterly ⊠ Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# Financial Reporting Method:

Electronic Submission

**Evaluations:** 

)epartmen

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Anderson County 1160 By Pass North Lawrenceburg KY 40342 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:		FY20-
Fund Source:		State
CFDA#:		N/A
PR/AWARD NUMBER (F	AIN):	N/A
MUNIS Project Number:		110F
MOA Number:		PON2
Pass-through Number:		N/A

/20-Community Education Grant rate /A /A 10F DN2 540 19<sup>\*</sup>4518 /A

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/9/19-6/30/2020

**Consortia/Partnership Members:** 

Special Instructions/Conditions: Authorized By (Name, Title):

Tara Rodriguez, Director Office of Continuous Improvement &

Support

# Our Commonwealth

Date: July 1, 2019

Fund Type: ⊠State □Federal □Other:

# Method of Payment

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

□ Monthly □ Quarterly ⊠ Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# Financial Reporting Method:

Electronic Submission

Departmen

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Augusta Independent 307 Bracken St Augusta KY 41002 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-Community Education Gra	nt
Fund Source:	State	
CFDA#:	N/A	
PR/AWARD NUMBER (F	AIN): N/A	
MUNIS Project Number:	110F	
MOA Number:	PON2 540 19 <mark>*4523</mark>	
Pass-through Number:	N/A	

9\*4523

### Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 7/31/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Date: July 1, 2019

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

**Ballard County** 3465 Paducah Rd Barlow KY 42024 N/A

# Jepartmen

Our

Commonwealth

#### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F	AIN): N/A
MUNIS Project Number:	110F
MOA Number:	PON
Pass-through Number:	N/A

-Community Education Grant 12 540 19<mark>\*4525</mark>

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/9/18-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

**Evaluations:** 

Departmen

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Bardstown Independent 308 N Fifth St Bardstown KY 40004 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-C
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F	AIN): N/A
MUNIS Project Number	110F
MOA Number:	PON2 S
Pass-through Number:	N/A

**Community Education Grant** 540 19<mark>\*4526</mark>

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 7/24/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Date: July 1, 2019

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

Departmen

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Barren County 202 W Washington St Glasgow KY 42141 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F	AIN): N/A
MUNIS Project Number	: 110F
MOA Number:	PON
Pass-through Number:	N/A

Y2O-Community Education Grant tate /A /A 10F ON2 540 19\*4520 /A

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/9/19-6/30/2020

**Consortia/Partnership Members:** 

Special Instructions/Conditions: Authorized By (Name, Title):

Tara Rodriguez, Director Office of Continuous Improvement &

Support

# Our Commonwealth

Date: July 1, 2019

Fund Type: ☐ State ☐ Federal ☐ Other:

# Method of Payment

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

□ Monthly □ Quarterly ⊠ Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# Financial Reporting Method:

Electronic Submission

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Bath County 405 W Main St Owingsville KY 40360 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

)epartmer Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:		FY20-0
Fund Source:		State
CFDA#:		N/A
PR/AWARD NUMBER (F	AIN):	N/A
MUNIS Project Number		110F
MOA Number:		PON2
Pass-through Number:		N/A

-Community Education Grant 540 19\*4527

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 7/26/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:** Electronic Submission

Other: CDIP

**Evaluations:** 

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Bell County PO Box 340 Pineville KY 40977

N/A



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Commonwealth

### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20	)-(
Fund Source:	Stat	e
CFDA#:	N/A	
PR/AWARD NUMBER (F	AIN): N/A	
MUNIS Project Number	: 110	F
MOA Number:	PON	12
Pass-through Number:	N/A	

Y20-Community Education Grant tate /A /A 10F ON2 540 19\*4529 /A

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

Period of Award: 8/14/19-6/30/2020

**Consortia/Partnership Members:** 

Special Instructions/Conditions: Authorized By (Name, Title):

Tara Rodriguez, Director Office of Continuous Improvement &

Support

Fund Type: ☐ State ☐ Federal ☐ Other:

# Method of Payment

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

□ Monthly □ Quarterly ⊠ Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Other: CDIP

**Evaluations:** 

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Boone County 8330 US 42 Florence KY 41042

N/A



### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-	-
Fund Source:	State	
CFDA#:	N/A	
PR/AWARD NUMBER (F	AIN): N/A	
MUNIS Project Number:	110F	
MOA Number:	PON2	)
Pass-through Number:	N/A	

Y20-Community Education Grant itate I/A I/A .10F PON2 540 19\*4530 I/A

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

Period of Award: 8/7/19-6/30/2020

**Consortia/Partnership Members:** 

Special Instructions/Conditions: Authorized By (Name, Title):

Tara Rodriguez, Director Office of Continuous Improvement &

Support

Fund Type: ⊠State □Federal □Other:

# Method of Payment

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

### **Reimbursement Frequency:**

□ Monthly □ Quarterly ⊠ Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Other: CDIP

**Evaluations:** 

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Departmer

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Bourbon County 3343 Lexington Rd Paris KY 40361 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-Community Education	Grant
Fund Source:	State	
CFDA#:	N/A	
PR/AWARD NUMBER (FA	AIN): N/A	
MUNIS Project Number:	110F	
MOA Number:	PON2 540 19 <mark>*4531</mark>	
Pass-through Number:	N/A	

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/8/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

### **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

**Evaluations:** 

epartmer

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Bowling Green Independent 1211 Center St Bowling Green KY 42101 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-Community Education Grant
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (FA	IN): N/A
MUNIS Project Number:	110F
MOA Number:	PON2 540 19 <mark>*4533</mark>
Pass-through Number:	N/A

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/7/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Date: July 1, 2019

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Boyd County 1104 Bob McCullough Dr Ashland KY 41102 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Departmen Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-Community Education Grant
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (FA	AIN): N/A
MUNIS Project Number:	110F
MOA Number:	PON2 540 19 <mark>*4534</mark>
Pass-through Number:	N/A

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/7/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

**Evaluations:** 

#### Name and Address of Recipient

Agency Name:		
Street Address:		
City, State, Zip:		
DUNS#:		

Butler County PO Box 339 Morgantown KY 42261 N/A



Our

Commonwealth

#### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-C
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F	AIN): N/A
MUNIS Project Number	110F
MOA Number:	PON2 5
Pass-through Number:	N/A

Y20-Community Education Grant cate /A /A 10F ON2 540 19\*4535 /A

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/5/19-6/30/2020

**Consortia/Partnership Members:** 

Special Instructions/Conditions: Authorized By (Name, Title):

Tara Rodriguez, Director Office of Continuous Improvement &

Support

Fund Type: State □Federal □Other:

# Method of Payment

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

### **Reimbursement Frequency:**

□ Monthly □ Quarterly ⊠ Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Other: CDIP

**Evaluations:** 

driguez. Director

#### Name and Address of Recipient

Agency Name:		
Street Address:		
City, State, Zip:		
DUNS#:		

Campbell County 101 Orchard Ln Alexandria KY 41001 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Departmer Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:		FY20-	·C
Fund Source:		State	
CFDA#:		N/A	
PR/AWARD NUMBER (F	AIN):	N/A	
<b>MUNIS Project Number</b>		110F	
MOA Number:		PON2	2
Pass-through Number:		N/A	

Community Education Grant 540 19\*4537

# Grant Authority (Source): FAP111-44-00

#### Award Amount: \$20,000

**Period of Award:** 8/5/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Date: July 1, 2019

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:** Electronic Submission

Other: CDIP

Departmen

#### Name and Address of Recipient

Agency Name:		
Street Address:		
City, State, Zip:		
DUNS#:		

Carroll County 813 Hawkins St Carrollton KY 41008 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-C
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (FA	AIN): N/A
MUNIS Project Number:	110F
MOA Number:	PON2 5
Pass-through Number:	N/A

/20-Community Education Grant cate /A /A 10F ON2 540 19\*4538 /A

# Grant Authority (Source): FAP111-44-00

#### Award Amount: \$20,000

**Period of Award:** 8/5/19-6/30/2020

**Consortia/Partnership Members:** 

Special Instructions/Conditions: Authorized By (Name, Title):

Tara Rodriguez, Director Office of Continuous Improvement &

Support

# Our Commonwealth

Date:

Fund Type: ☐ State ☐ Federal ☐ Other:

# Method of Payment

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

□ Monthly □ Quarterly ⊠ Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# Financial Reporting Method:

Electronic Submission

**Evaluations:** 

#### Name and Address of Recipient

Agency Name:		
Street Address:		
City, State, Zip:		
DUNS#:		

Carter County 228 S Carol Malone Blvd Grayson KY 41143 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Departmen Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:		FY20-
Fund Source:		State
CFDA#:		N/A
PR/AWARD NUMBER (F	AIN):	N/A
MUNIS Project Number:		110F
MOA Number:		PON2
Pass-through Number:		N/A

-Community Education Grant 2 540 19<mark>\*4540</mark>

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/7/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Date: July 1, 2019

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Casey County 1922 N US 127 Liberty KY 42539

N/A



Our

Commonwealth

### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-C
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F	AIN): N/A
<b>MUNIS Project Number</b>	: 110F
MOA Number:	PON2 5
Pass-through Number:	N/A

Community Education Grant 540 19<mark>\*4541</mark>

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/7/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

### **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:** Electronic Submission

Other: CDIP

**Evaluations:** 

Our

Commonwealth

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Christian County PO Box 609 Hopkinsville KY 42241 N/A



#### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-Co
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (FA	AIN): N/A
MUNIS Project Number:	110F
MOA Number:	PON2 54
Pass-through Number:	N/A

/20-Community Education Grant ate /A /A IOF DN2 540 19<sup>\*</sup>4542 /A

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

Period of Award: 8/7/19-6/30/2020

**Consortia/Partnership Members:** 

Special Instructions/Conditions: Authorized By (Name, Title):

Tara Rodriguez, Director Office of Continuous Improvement &

Support

Fund Type: ⊠State □Federal □Other:

# Method of Payment

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

### **Reimbursement Frequency:**

□ Monthly □ Quarterly ⊠ Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Other: CDIP

**Evaluations:** 

Departmen

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Clark County 1600 W Lexington Ave Winchester KY 40391 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-Community Education Grant
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (FA	AIN): N/A
MUNIS Project Number:	110F
MOA Number:	PON2 540 19 <mark>*4543</mark>
Pass-through Number:	N/A

# Grant Authority (Source): FAP111-44-00

#### Award Amount: \$20,000

**Period of Award:** 8/7/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Date: July 1, 2019

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Clay County 128 Richmond Rd Manchester KY 40962 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Departmen Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-0
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (FA	AIN): N/A
MUNIS Project Number:	110F
MOA Number:	PON2
Pass-through Number:	N/A

**Community Education Grant** 540 19\*4544

# Grant Authority (Source): FAP111-44-00

#### Award Amount: \$20,000

**Period of Award:** 8/7/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Date: July 1, 2019

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:** Electronic Submission

Other: CDIP

Departmen

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

**Clinton County** Rt 4 Box 100 Hwy 127 Albany KY 42602 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:		FY20-	(
Fund Source:		State	
CFDA#:		N/A	
PR/AWARD NUMBER (F.	AIN):	N/A	
MUNIS Project Number		110F	
MOA Number:		PON2	)
Pass-through Number:		N/A	

-Community Education Grant 540 19<sup>\*</sup>4547

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/7/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Date: July 1, 2019

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Cloverport Independent PO Box 37 Cloverport KY 40111 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

)epartmer Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-Community Education Grant
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (FA	AIN): N/A
MUNIS Project Number:	110F
MOA Number:	PON2 540 19 <mark>*4546</mark>
Pass-through Number:	N/A

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

Period of Award: 7/10/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

# Fund Type: ⊠State ☐ Federal $\Box$ Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

**Evaluations:** 

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Crittenden County PO Box 362 Marion KY 42064

N/A



### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-Co	r
Fund Source:	State	
CFDA#:	N/A	
PR/AWARD NUMBER (FA	AIN): N/A	
MUNIS Project Number:	110F	
MOA Number:	PON2 54	1
Pass-through Number:	N/A	

mmunity Education Grant 10 20<mark>\*448</mark>

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 7/26/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

### **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:** Electronic Submission

Other: CDIP

**Evaluations:** 

Our

Commonwealth

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Cumberland County PO Box 420 Burkesville KY 42717 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Departmer Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-C
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F	AIN): N/A
MUNIS Project Number	: 110F
MOA Number:	PON2 5
Pass-through Number:	N/A

Community Education Grant 540 19<mark>\*4549</mark>

# Grant Authority (Source): FAP111-44-00

#### Award Amount: \$20,000

**Period of Award:** 8/8/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

**Evaluations:** 

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Edmonson County PO Box 129 Brownsville KY 42210 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Departmer Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-0
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F	AIN): N/A
MUNIS Project Number	: 110F
MOA Number:	PON2
Pass-through Number:	N/A

**Community Education Grant** 540 19\*4572

# Grant Authority (Source): FAP111-44-00

#### Award Amount: \$20,000

**Period of Award:** 8/5/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:** Electronic Submission

Other: CDIP

**Evaluations:** 

Our

Commonwealth

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Elliott County PO Box 767 Sandy Hook KY 41171 N/A



### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-C	c
Fund Source:	State	
CFDA#:	N/A	
PR/AWARD NUMBER (F	AIN): N/A	
MUNIS Project Number	110F	
MOA Number:	PON2	5
Pass-through Number:	N/A	

'20-Community Education Grant ate /A /A LOF DN2 540 19<sup>\*</sup>4551 /A

# Grant Authority (Source): FAP111-44-00

# Award Amount: \$20,000

Period of Award: 8/8/19-6/30/2020

**Consortia/Partnership Members:** 

Special Instructions/Conditions: Authorized By (Name, Title):

Tara Rodriguez, Director Office of Continuous Improvement &

Support

Fund Type: State Federal Other:

# Method of Payment

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

### **Reimbursement Frequency:**

□ Monthly □ Quarterly ⊠ Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

⊠Other: CDIP

**Evaluations:** 

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Estill County PO Box 930 Irvine KY 40336 N/A



### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-C
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F	AIN): N/A
MUNIS Project Number	110F
MOA Number:	PON2 5
Pass-through Number:	N/A

20-Community Education Grant ate /A /A LOF DN2 540 19\*4552 /A

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

Period of Award: 8/8/19-6/30/2020

**Consortia/Partnership Members:** 

Special Instructions/Conditions: Authorized By (Name, Title):

Tara Rodriguez, Director Office of Continuous Improvement &

Support

# Fund Type: State □ Federal □ Other:

# Method of Payment

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

□ Monthly □ Quarterly ⊠ Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Other: CDIP

**Evaluations:** 

.

Date: July 1, 2019

Our

Commonwealth

Departmen

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Fayette County 701 E Main St Lexington KY 40502 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-0
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F	AIN): N/A
MUNIS Project Number	: 110F
MOA Number:	PON2
Pass-through Number:	N/A

**Community Education Grant** 540 19\*4557

# Grant Authority (Source): FAP111-44-00

#### Award Amount: \$20,000

**Period of Award:** 8/5/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

cau

Date: July 1, 2019

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Floyd County 106 N Front Ave Prestonsburg KY 41653 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

)epartmer Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-C
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F.	AIN): N/A
MUNIS Project Number	: 110F
MOA Number:	PON2 5
Pass-through Number:	N/A

Community Education Grant 540 19<mark>\*4558</mark>

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/5/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

**Evaluations:** 

Departmer

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Franklin County 916 E Main St Frankfort KY 40601 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-	C
Fund Source:	State	
CFDA#:	N/A	
PR/AWARD NUMBER (F	AIN): N/A	
MUNIS Project Number	: 110F	
MOA Number:	PON2	5
Pass-through Number:	N/A	

Community Education Grant 540 19<mark>\*4559</mark>

# Grant Authority (Source): FAP111-44-00

#### Award Amount: \$20,000

**Period of Award:** 8/5/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Date: July 1, 2019

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

Departmer

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Fulton Independent 304 West State Line Fulton KY 42041 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-Community Education Grant
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (FA	NN): N/A
MUNIS Project Number:	110F
MOA Number:	PON2 540 19 <mark>*4561</mark>
Pass-through Number:	N/A

# Grant Authority (Source): FAP111-44-00

#### Award Amount: \$20,000

**Period of Award:** 7/26/18-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Date: July 1, 2019

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Garrard County 322 W Maple St Lancaster KY 40444 N/A

# Departmen

Our

Commonwealth

### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20	-(
Fund Source:	State	•
CFDA#:	N/A	
PR/AWARD NUMBER (F	AIN): N/A	
MUNIS Project Number	: 110F	
MOA Number:	PON	2
Pass-through Number:	N/A	

/20-Community Education Grant ate /A /A IOF DN2 540 19<sup>\*</sup>4562 /A

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

Period of Award: 7/26/19-6/30/2020

**Consortia/Partnership Members:** 

Special Instructions/Conditions: Authorized By (Name, Title):

Tara Rodriguez, Director Office of Continuous Improvement &

Support

Fund Type: ⊠State □Federal □Other:

# Method of Payment

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

### **Reimbursement Frequency:**

□ Monthly □ Quarterly ⊠ Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# Financial Reporting Method:

Electronic Submission

**Evaluations:** 

)epartmer

#### Name and Address of Recipient

Agency Name:		
Street Address:		
City, State, Zip:		
DUNS#:		

### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Grant County 820 Arnie Risen Boulevard Williamstown KY 41097 N/A

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-Community Education Gran	nt
Fund Source:	State	
CFDA#:	N/A	
PR/AWARD NUMBER (FA	AIN): N/A	
MUNIS Project Number:	110F	
MOA Number:	PON2 540 19 <mark>*4563</mark>	
Pass-through Number:	N/A	

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/16/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

**Evaluations:** 

Departmen

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

**Graves County** 2290 State Rt 121 N Mayfield KY 42066 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:		FY20-
Fund Source:		State
CFDA#:		N/A
PR/AWARD NUMBER (F	AIN):	N/A
MUNIS Project Number:		110F
MOA Number:		PON2
Pass-through Number:		N/A

-Community Education Grant 2 540 19<mark>\*4565</mark>

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/16/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Date: July 1, 2019

# Fund Type: ⊠State ☐ Federal $\Box$ Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

Departmen

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Grayson County PO Box 4009 Leitchfield KY 42754 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:		FY20-
Fund Source:		State
CFDA#:		N/A
PR/AWARD NUMBER (FA	AIN):	N/A
MUNIS Project Number:		110F
MOA Number:		PON2
Pass-through Number:		N/A

/20-Community Education Grant cate /A /A 10F ON2 540 19<mark>\*4566</mark> /A

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

Period of Award: 8/8/19-6/30/2020

**Consortia/Partnership Members:** 

Special Instructions/Conditions: Authorized By (Name, Title):

Tara Rodriguez, Director Office of Continuous Improvement &

Support

# Our Commonwealth

D.

cau

Fund Type: ⊠State □Federal □Other:

# Method of Payment

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

□ Monthly □ Quarterly ⊠ Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# Financial Reporting Method:

Electronic Submission

**Evaluations:** 

Departmen

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Hancock County 83 State Rt 271 N Hawesville KY 42348 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:		FY20-
Fund Source:		State
CFDA#:	I	N/A
PR/AWARD NUMBER (F	AIN): I	N/A
MUNIS Project Number:	:	110F
MOA Number:	1	PON2
Pass-through Number:		N/A

Y20-Community Education Grant tate I/A I/A 10F ON2 540 19\*4568 I/A

# Grant Authority (Source): FAP111-44-00

#### Award Amount: \$20,000

Period of Award: 8/8/19-6/30/2020

**Consortia/Partnership Members:** 

Special Instructions/Conditions: Authorized By (Name, Title):

Tara Rodriguez, Director Office of Continuous Improvement &

Support

# Our Commonwealth

Dat

Fund Type: ⊠State □Federal □Other:

# Method of Payment

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

□ Monthly □ Quarterly ⊠ Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# Financial Reporting Method:

Electronic Submission

**Evaluations:** 

### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Hardin County 65 W A Jenkins Rd Elizabethtown KY 42701 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

)epartmen Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY.	20
Fund Source:	Sta	ate
CFDA#:	N/	А
PR/AWARD NUMBER (F	AIN): N/	А
MUNIS Project Number	: 11	0F
MOA Number:	PC	)N:
Pass-through Number:	N/	А

-Community Education Grant 12 540 19<mark>\*4570</mark>

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/14/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Date: July 1, 2019

# Fund Type: ⊠State ☐ Federal $\Box$ Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

Departmer

### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Harlan County 251 Ball Park Rd Harlan KY 40831 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City. State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY2	20
Fund Source:	Sta	te
CFDA#:	N/#	4
PR/AWARD NUMBER (F	AIN): N/A	4
MUNIS Project Number	: 110	)F
MOA Number:	PO	N:
Pass-through Number:	N//	4

-Community Education Grant 12 540 19<mark>\*4574</mark>

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

# Fund Type: ⊠State ☐ Federal $\Box$ Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

**Evaluations:** 

Departmen

### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Harrison County 324 Webster Ave Cynthiana KY 41031 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F	AIN): N/A
MUNIS Project Number:	110F
MOA Number:	PON2
Pass-through Number:	N/A

-Community Education Grant 2 540 19\*4576

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Date: July 1, 2019

# Fund Type: ⊠State ☐ Federal $\Box$ Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Henderson County 1805 Second St Henderson KY 42420 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

)epartmer Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-C
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F.	AIN): N/A
MUNIS Project Number	: 110F
MOA Number:	PON2
Pass-through Number:	N/A

Community Education Grant 540 19\*4579

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 7/26/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

# Fund Type: ⊠State ☐ Federal $\Box$ Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

**Evaluations:** 

Departmer

### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Hickman County 416 Waterfield Dr Clinton KY 42031 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City. State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F	AIN): N/A
MUNIS Project Number	: 110F
MOA Number:	PON
Pass-through Number:	N/A

0-Community Education Grant 12 540 19<mark>\*4580</mark>

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Date: July 1, 2019

# Fund Type: ⊠State ☐ Federal $\Box$ Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Jackson County PO Box 217 McKee KY 40447

N/A



## **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-0
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F	AIN): N/A
MUNIS Project Number:	: 110F
MOA Number:	PON2
Pass-through Number:	N/A

**Community Education Grant** 540 19\*4581

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

## **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:** Electronic Submission

Other: CDIP

**Evaluations:** 

### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Jackson Independent 940 Highland Ave Jackson KY 41339

N/A

# **KDE Contact Information**

Program Consultant:
Street Address:
Budget Contact:
Street Address:
City, State Zip:

Jepartmer Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:		FY20	-(
Fund Source:		State	
CFDA#:		N/A	
PR/AWARD NUMBER (F.	AIN):	N/A	
MUNIS Project Number		110F	
MOA Number:		PON	2
Pass-through Number:		N/A	

-Community Education Grant 540 19\*4582

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Date: July 1, 2019

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

Departmen

### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Jefferson County PO Box 34020 Louisville KY 40232 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-0
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F	AIN): N/A
MUNIS Project Number	: 110F
MOA Number:	PON2
Pass-through Number:	N/A

**Community Education Grant** 540 19\*4584

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Date: July 1, 2019

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

## **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:** Electronic Submission

Other: CDIP

Departmen

### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Jessamine County 871 Wilmore Rd Nicholasville KY 40356 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F	AIN): N/A
MUNIS Project Number	: 110F
MOA Number:	PON
Pass-through Number:	N/A

Y2O-Community Education Grant tate /A /A 10F ON2 540 19\*4586 /A

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/5/19-6/30/2020

**Consortia/Partnership Members:** 

Special Instructions/Conditions: Authorized By (Name, Title):

Tara Rodriguez, Director Office of Continuous Improvement &

Support

# Our Commonwealth

wement &

Fund Type: ☐ State ☐ Federal ☐ Other:

# Method of Payment

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

□ Monthly □ Quarterly ⊠ Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# Financial Reporting Method:

Electronic Submission

**Evaluations:** 

Departmen

### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Johnson County 253 N Mayo Tr Paintsville KY 41240 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:		FY20-
Fund Source:		State
CFDA#:		N/A
PR/AWARD NUMBER (FA	AIN):	N/A
MUNIS Project Number:		110F
MOA Number:		PON2
Pass-through Number:		N/A

-Community Education Grant 2 540 19<mark>\*4588</mark>

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/19/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Date: July 1, 2019

# Fund Type: ⊠State ☐ Federal $\Box$ Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Kenton County 1055 Eaton Dr Fort Wright KY 41017 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

)epartmer Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY.	20-(
Fund Source:	Sta	ate
CFDA#:	N/	А
PR/AWARD NUMBER (F	AIN): N/	A
MUNIS Project Number	11	0F
MOA Number:	er: PON2	
Pass-through Number:	N/	A

-Community Education Grant 540 19\*4590

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Date: July 1, 2019

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Knott County PO Box 869 Hindman KY 41822

N/A



## **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-Co
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (FA	AIN): N/A
MUNIS Project Number:	110F
MOA Number:	PON2 54
Pass-through Number:	N/A

/20-Community Education Grant rate /A /A 10F DN2 540 19<mark>\*4592</mark> /A

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

Period of Award: 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

Special Instructions/Conditions: Authorized By (Name, Title):

Tara Rodriguez, Director Office of Continuous Improvement &

Support

Fund Type: State □ Federal □ Other:

# Method of Payment

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

□ Monthly □ Quarterly ⊠ Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Other: CDIP

**Evaluations:** 

Date: July 1, 2019

Our

Commonwealth

### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

LaRue County 208 College St Hodgenville KY 42748 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

)epartmer Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-Cor
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F	AIN): N/A
MUNIS Project Number:	110F
MOA Number:	PON2 54
Pass-through Number:	N/A

mmunity Education Grant 0 19<mark>\*4593</mark>

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Date: July 1, 2019

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Lawrence County PO Box 607 Louisa KY 41230

N/A



Our

Commonwealth

## **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-0
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F.	AIN): N/A
MUNIS Project Number	: 110F
MOA Number:	PON2
Pass-through Number:	N/A

**Community Education Grant** 540 19\*4594

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:** Electronic Submission

Other: CDIP

**Evaluations:** 

### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Leslie County PO Box 949 Hyden KY 41749

N/A



Our

Commonwealth

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:		FY20-0
Fund Source:		State
CFDA#:		N/A
PR/AWARD NUMBER (F	AIN):	N/A
MUNIS Project Number:		110F
MOA Number:		PON2
Pass-through Number:		N/A

-Community Education Grant 540 19\*4609

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/14/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

**Evaluations:** 

)epartmer

### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Letcher County 224 Park St Whitesburg KY 41858 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City. State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY	20-
Fund Source:	Sta	ate
CFDA#:	N/	A
PR/AWARD NUMBER (F	AIN): N/	A
MUNIS Project Number	11	0F
MOA Number:	PC	N2
Pass-through Number:	N/	A

-Community Education Grant 540 19\*4610

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

## **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

**Evaluations:** 

### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Lincoln County PO Box 265 Stanford KY 40484

N/A



Our

Commonwealth

## **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-0	Co
Fund Source:	State	
CFDA#:	N/A	
PR/AWARD NUMBER (F.	AIN): N/A	
MUNIS Project Number	: 110F	
MOA Number:	POn2	5
Pass-through Number:	N/A	

Y20-Community Education Grant tate /A /A 10F On2 540 19\*<mark>4611</mark> /A

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

Period of Award: 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

Special Instructions/Conditions: Authorized By (Name, Title):

Tara Rodriguez, Director Office of Continuous Improvement &

Support

# Other: Method of Payment

Fund Type:

⊠State

☐ Federal

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

□ Monthly □ Quarterly ⊠ Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

**⊠Other: CDIP** 

**Evaluations:** 

### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Livingston County PO Box 219 Smithland KY 42081

N/A



Our

Commonwealth

## **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-C
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F	AIN): N/A
MUNIS Project Number:	110F
MOA Number:	PON2 5
Pass-through Number:	N/A

Community Education Grant 540 19<mark>\*4613</mark>

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

## **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:** Electronic Submission

Other: CDIP

**Evaluations:** 

Our

Commonwealth

cau

### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Lyon County 217 Jenkins Rd Eddyville KY 42038 N/A



**KDE Contact Information** 

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:		FY20-
Fund Source:		State
CFDA#:		N/A
PR/AWARD NUMBER (F	AIN):	N/A
MUNIS Project Number		110F
MOA Number:		PON2
Pass-through Number:		N/A

Y20-Community Education Grant tate //A //A 10F ON2 540 19\*4615 //A

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

Period of Award: 7/31/19-6/30/2020

**Consortia/Partnership Members:** 

Special Instructions/Conditions: Authorized By (Name, Title):

Tara Rodriguez, Director Office of Continuous Improvement &

Support

Fund Type: State Federal Other:

# Method of Payment

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

## **Reimbursement Frequency:**

□ Monthly □ Quarterly ⊠ Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# Financial Reporting Method:

Electronic Submission

**Evaluations:** 

### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Madison County PO Box 768 Richmond KY 40475 N/A



Our

Commonwealth

## **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20	_
Fund Source:	State	
CFDA#:	N/A	
PR/AWARD NUMBER (F	AIN): N/A	
MUNIS Project Number:	110F	
MOA Number:	PON	)
Pass-through Number:	N/A	

Y20-Community Education Grant tate /A /A 10F ON2 540 19\*4616 /A

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

Period of Award: 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

Special Instructions/Conditions: Authorized By (Name, Title):

Tara Rodriguez, Director Office of Continuous Improvement &

Support

Fund Type: ⊠State □Federal □Other:

# Method of Payment

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

## **Reimbursement Frequency:**

□ Monthly □ Quarterly ⊠ Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Other: CDIP

**Evaluations:** 

guez, Director

### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Magoffin County PO Box 109 Salyersville KY 41465

N/A

# Departmen

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:		FY20-
Fund Source:		State
CFDA#:		N/A
PR/AWARD NUMBER (F	AIN):	N/A
MUNIS Project Number:		110F
MOA Number:		PON2
Pass-through Number:		N/A

-Community Education Grant 2 540 19<mark>\*4617</mark>

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

# **Period of Award:** 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

**Evaluations:** 

### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Marion County 755 E Main St Lebanon KY 40033 N/A



## **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-0
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F	AIN): N/A
MUNIS Project Number	: 110F
MOA Number:	PON2
Pass-through Number:	N/A

Y2O-Community Education Grant tate /A /A 10F ON2 540 19\*4619 /A

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

Period of Award: 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

Special Instructions/Conditions: Authorized By (Name, Title):

Tara Rodriguez, Director Office of Continuous Improvement &

Support

# *Our Commonwealth*

Dat

Fund Type: ⊠ State □ Federal □ Other:

# Method of Payment

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

□ Monthly □ Quarterly ⊠ Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Other: CDIP

**Evaluations:** 

Departmer

### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Marshall County 86 High School Rd Benton KY 42025 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City. State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F	AIN): N/A
MUNIS Project Number	: 110
MOA Number:	PON
Pass-through Number:	N/A

0-Community Education Grant e F 12 540 19\*4620

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Date: July 1, 2019

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Mason County PO Box 130 Maysville KY 41056 N/A



## **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:		FY20-	
Fund Source:		State	
CFDA#:		N/A	
PR/AWARD NUMBER (F	AIN):	N/A	
MUNIS Project Number:		110F	
MOA Number:		PON2	,
Pass-through Number:		N/A	

Y20-Community Education Grant tate I/A I/A 10F ON2 540 19\*4621 I/A

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

Period of Award: 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

Special Instructions/Conditions: Authorized By (Name, Title):

Tara Rodriguez, Director Office of Continuous Improvement &

Support

Fund Type: ⊠State □Federal □Other:

# Method of Payment

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

## **Reimbursement Frequency:**

□ Monthly □ Quarterly ⊠ Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Other: CDIP

**Evaluations:** 

Our

Commonwealth

Departmer

### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

McCreary County 120 Raider Way Stearns KY 42647 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-C
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F	AIN): N/A
MUNIS Project Number:	110F
MOA Number:	PON2
Pass-through Number:	N/A

**Community Education Grant** 540 19\*4622

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Date: July 1, 2019

# Fund Type: ⊠State ☐ Federal $\Box$ Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

McLean County PO Box 245 Calhoun KY 42327

N/A



### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-C
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F	AIN): N/A
MUNIS Project Number:	110F
MOA Number:	PON2 S
Pass-through Number:	N/A

Community Education Grant 540 19<mark>\*4623</mark>

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/20/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

## **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:** Electronic Submission

Other: CDIP

**Evaluations:** 

Our

Commonwealth

)epartmer

### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Menifee County PO Box 110 Frenchburg KY 40322

N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:		FY20-
Fund Source:		State
CFDA#:		N/A
PR/AWARD NUMBER (F	AIN):	N/A
MUNIS Project Number:		110F
MOA Number:		PON2
Pass-through Number:		N/A

-Community Education Grant 540 19\*4626

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Date: July 1, 2019

# Fund Type: ⊠State ☐ Federal $\Box$ Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:** Electronic Submission

Other: CDIP

Departmen

### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Metcalfe County 1007 W Stockton Edmonton KY 42129 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F	AIN): N/A
MUNIS Project Number:	110F
MOA Number:	PON2
Pass-through Number:	N/A

-Community Education Grant 2 540 19\*4628

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Date: July 1, 2019

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

)epartmer

### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Monroe County 309 Emberton St Tompkinsville KY 42167 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-C
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (FA	AIN): N/A
MUNIS Project Number:	110F
MOA Number:	PON2 5
Pass-through Number:	N/A

Community Education Grant 540 19<mark>\*4632</mark>

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Date: July 1, 2019

# Fund Type: ⊠State ☐ Federal $\Box$ Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

)epartmer

### Name and Address of Recipient

Agency Name:	
Street Address:	
City, State, Zip:	
DUNS#:	

Montgomery County 700 Woodford Drive Mount Sterling KY 40353 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-0
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F.	AIN): N/A
MUNIS Project Number	: 110F
MOA Number:	PON2
Pass-through Number:	N/A

**Community Education Grant** 540 19\*4634

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Date: July 1, 2019

# Fund Type: ⊠State ☐ Federal $\Box$ Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

)epartmer

### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Morgan County PO Box 489 West Liberty KY 41472 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-Co
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F	AIN): N/A
MUNIS Project Number	: 110F
MOA Number:	PON2 5
Pass-through Number:	N/A

Community Education Grant 540 19<mark>\*4637</mark>

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Date: July 1, 2019

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:** Electronic Submission

Other: CDIP

Departmen

### Name and Address of Recipient

Agency Name:	
Street Address:	
City, State, Zip:	
DUNS#:	

Muhlenberg County 510 West Main Street Powderly KY 42367 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-Co
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F.	AIN): N/A
MUNIS Project Number	: 110F
MOA Number:	PON2 5
Pass-through Number:	N/A

**Community Education Grant** 540 19<mark>\*4639</mark>

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

**Evaluations:** 

Departmer

### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Murray Independent 208 S 13th St Murray KY 42071

N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-Community Education Grant
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (FA	IN): N/A
MUNIS Project Number:	110F
MOA Number:	PON2 540 19 <mark>*4641</mark>
Pass-through Number:	N/A

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 7/31/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

**Evaluations:** 

### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Oldham County PO Box 218 Buckner KY 40010 N/A

# Departmer

Our

Commonwealth

## **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:		FY20-0
Fund Source:		State
CFDA#:		N/A
PR/AWARD NUMBER (F	AIN):	N/A
MUNIS Project Number		110F
MOA Number:		PON2
Pass-through Number:		N/A

Y20-Community Education Grant tate /A /A 10F ON2 540 19\*4652 /A

# Grant Authority (Source): FAP111-44-00

# Award Amount: \$20,000

# Period of Award: 7/31/19-6/30/2020

# Consortia/Partnership Members:

Special Instructions/Conditions: Authorized By (Name, Title):

Tara Rodriguez, Director Office of Continuous Improvement &

Support

# Fund Type: ⊠State □Federal □Other:

# Method of Payment

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

□ Monthly □ Quarterly ⊠ Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# Financial Reporting Method:

Electronic Submission

**Evaluations:** 

### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Owen County 1600 Hwy 22 E Owenton KY 40359 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Departmen Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-C
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F.	AIN): N/A
MUNIS Project Number	: 110F
MOA Number:	PON2
Pass-through Number:	N/A

Community Education Grant 540 19\*4653

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

**Period of Award:** 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

# Our Commonwealth

Date: July 1, 2019

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

# Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Electronic Submission Other: CDIP

Departmen

### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Owsley County PO Box 340 Booneville KY 41314 N/A

# **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

# Description/Fun Source of Award and Fiscal Year:

Description:	FY20-0
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F.	AIN): N/A
MUNIS Project Number	: 110F
MOA Number:	PON2
Pass-through Number:	N/A

Y2O-Community Education Grant tate /A /A 10F ON2 540 19\*4655 /A

# Grant Authority (Source): FAP111-44-00

### Award Amount: \$20,000

Period of Award: 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

Special Instructions/Conditions: Authorized By (Name, Title):

Tara Rodriguez, Director Office of Continuous Improvement &

Support

# Our Commonwealth

or nnrovement & Fund Type: ☐ State ☐ Federal ☐ Other:

# Method of Payment

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

# **Reimbursement Frequency:**

□ Monthly □ Quarterly ⊠ Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

# **Financial Reporting Method:**

Other: CDIP

**Evaluations:** 

#### Name and Address of Recipient

Agency Name:		
Street Address:		
City, State, Zip:		
DUNS#:		

Pendleton County 2525 Hwy 27 N Falmouth KY 41040 N/A

#### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Departmen Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

#### Description/Fun Source of Award and Fiscal Year:

Description:		FY20-
Fund Source:		State
CFDA#:		N/A
PR/AWARD NUMBER (FA	AIN):	N/A
MUNIS Project Number:		110F
MOA Number:		PON2
Pass-through Number:		N/A

-Community Education Grant 2 540 19<mark>\*4656</mark>

#### Grant Authority (Source): FAP111-44-00

#### Award Amount: \$20,000

**Period of Award:** 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

## Our Commonwealth

Date: July 1, 2019

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

#### Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

#### **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

#### **Financial Reporting Method:**

Electronic Submission Other: CDIP

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Perry County 315 Park Ave Hazard KY 41701 N/A



Our

Commonwealth

#### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

#### Description/Fun Source of Award and Fiscal Year:

Description:	FY20-
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (FA	AIN): N/A
MUNIS Project Number:	110F
MOA Number:	PON2
Pass-through Number:	N/A

/20-Community Education Grant rate /A /A 10F DN2 540 19\*4654 /A

#### Grant Authority (Source): FAP111-44-00

#### Award Amount: \$20,000

Period of Award: 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

Special Instructions/Conditions: Authorized By (Name, Title):

Tara Rodriguez, Director Office of Continuous Improvement &

Support

Fund Type: ⊠State □Federal □Other:

#### Method of Payment

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

#### **Reimbursement Frequency:**

□ Monthly □ Quarterly ⊠ Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

## **Financial Reporting Method:**

**⊠Other: CDIP** 

**Evaluations:** 

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Pike County PO Box 3097 Pikeville KY 41502 N/A



Our

Commonwealth

#### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

#### Description/Fun Source of Award and Fiscal Year:

Description:		FY20	-
Fund Source:		State	•
CFDA#:		N/A	
PR/AWARD NUMBER (F	AIN):	N/A	
MUNIS Project Number:		110F	
MOA Number:		PON	2
Pass-through Number:		N/A	

-Community Education Grant 2 540 19<mark>\*4658</mark>

#### Grant Authority (Source): FAP111-44-00

#### Award Amount: \$20,000

**Period of Award:** 8/14/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

#### Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

#### **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

#### **Financial Reporting Method:**

Electronic Submission Other: CDIP

**Evaluations:** 

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Powell County PO Box 430 Stanton KY 40380 N/A



Our

Commonwealth

#### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

#### Description/Fun Source of Award and Fiscal Year:

Description:	FY	20-0
Fund Source:	St	ate
CFDA#:	N/	Α <sup>'</sup>
PR/AWARD NUMBER (F	AIN): N/	/Α
MUNIS Project Number	. 11	.0F
MOA Number:	PC	DN2
Pass-through Number:	N/	Α'

Y20-Community Education Grant tate /A /A 10F ON2 540 19\*4659 /A

#### Grant Authority (Source): FAP111-44-00

#### Award Amount: \$20,000

Period of Award: 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

Special Instructions/Conditions: Authorized By (Name, Title):

Tara Rodriguez, Director Office of Continuous Improvement &

Support

#### Fund Type: ⊠ State □ Federal □ Other:

#### Method of Payment

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

#### **Reimbursement Frequency:**

□ Monthly □ Quarterly ⊠ Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

## **Financial Reporting Method:**

Other: CDIP

**Evaluations:** 

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Pulaski County PO Box 1055 Somerset KY 42502 N/A

# Departmen

Our

Commonwealth

#### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

#### Description/Fun Source of Award and Fiscal Year:

Description:	FY20
Fund Source:	Stat
CFDA#:	N/A
PR/AWARD NUMBER (F	AIN): N/A
<b>MUNIS Project Number</b>	: 110
MOA Number:	PON
Pass-through Number:	N/A

0-Community Education Grant e N2 540 19\*4660

#### Grant Authority (Source): FAP111-44-00

#### Award Amount: \$20,000

**Period of Award:** 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

#### Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

#### **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

#### **Financial Reporting Method:**

Electronic Submission Other: CDIP

**Evaluations:** 

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Robertson County PO Box 108 Mount Olivet KY 41064 N/A

#### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

)epartmer Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

#### Description/Fun Source of Award and Fiscal Year:

Description:	FY20-Community Education Grant	t
Fund Source:	State	
CFDA#:	N/A	
PR/AWARD NUMBER (FA	NN): N/A	
MUNIS Project Number:	110F	
MOA Number:	PON2 540 19 <mark>*4661</mark>	
Pass-through Number:	N/A	

#### Grant Authority (Source): FAP111-44-00

#### Award Amount: \$20,000

**Period of Award:** 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

## Our Commonwealth

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

#### Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

#### **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

#### **Financial Reporting Method:** Electronic Submission

Other: CDIP

**Evaluations:** 

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Rockcastle County 245 Richmond St Mount Vernon KY 40456 N/A

#### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

)epartmer Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

#### Description/Fun Source of Award and Fiscal Year:

Description:		FY20-	(
Fund Source:		State	
CFDA#:		N/A	
PR/AWARD NUMBER (F.	AIN):	N/A	
MUNIS Project Number		110F	
MOA Number:		PON2	)
Pass-through Number:		N/A	

-Community Education Grant 540 19\*4662

#### Grant Authority (Source): FAP111-44-00

#### Award Amount: \$20,000

**Period of Award:** 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

## Our Commonwealth

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

#### Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

#### **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

#### **Financial Reporting Method:**

Electronic Submission Other: CDIP

**Evaluations:** 

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Rowan County 121 E Second St Morehead KY 40351



#### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

#### Description/Fun Source of Award and Fiscal Year:

Description:	FY20-C
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F	AIN): N/A
MUNIS Project Number:	110F
MOA Number:	PON2
Pass-through Number:	N/A

Community Education Grant 540 19\*4663

#### Grant Authority (Source): FAP111-44-00

#### Award Amount: \$20,000

**Period of Award:** 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

## Our Commonwealth

Date: July 1, 2019

#### Fund Type: ⊠State ☐ Federal $\Box$ Other:

#### Method of Payment

Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

#### **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

#### **Financial Reporting Method:**

Electronic Submission Other: CDIP

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Russell County PO Box 440 Jamestown KY 42629

N/A

# )epartmen

Our

Commonwealth

#### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

#### Description/Fun Source of Award and Fiscal Year:

Description:	FY20
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F	AIN): N/A
MUNIS Project Number:	: 110F
MOA Number:	PON
Pass-through Number:	N/A

0-Community Education Grant 12 540 19<mark>\*4664</mark>

#### Grant Authority (Source): FAP111-44-00

#### Award Amount: \$20,000

**Period of Award:** 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

#### Method of Payment

**Federal Cash Request** Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

#### **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

#### **Financial Reporting Method:** Electronic Submission

Other: CDIP

**Evaluations:** 

Departmer

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Russell Independent 409 Belfont St Russell KY 41169

N/A

#### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

#### Description/Fun Source of Award and Fiscal Year:

Description:	FY20-0
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F	AIN): N/A
MUNIS Project Number	110F
MOA Number:	PON2
Pass-through Number:	N/A

**Community Education Grant** 540 19\*4665

#### Grant Authority (Source): FAP111-44-00

#### Award Amount: \$20,000

**Period of Award:** 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

## Our Commonwealth

#### Fund Type: ⊠State ☐ Federal $\Box$ Other:

#### Method of Payment

**Federal Cash Request** Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

#### **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

#### **Financial Reporting Method:**

Electronic Submission Other: CDIP

**Evaluations:** 

Departmen

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Russellville Independent 355 S Summer St Russellville KY 42276 N/A

#### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

#### Description/Fun Source of Award and Fiscal Year:

Description:	FY20-C
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F	AIN): N/A
<b>MUNIS Project Number</b>	: 110F
MOA Number:	PON2
Pass-through Number:	N/A

/20-Community Education Grant cate /A /A 10F ON2 540 19<mark>\*4667</mark> /A

#### Grant Authority (Source): FAP111-44-00

#### Award Amount: \$20,000

Period of Award: 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

Special Instructions/Conditions: Authorized By (Name, Title):

Tara Rodriguez, Director Office of Continuous Improvement &

Support

## Our Commonwealth

Date:

Fund Type: ⊠State □Federal □Other:

#### Method of Payment

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

#### **Reimbursement Frequency:**

□ Monthly □ Quarterly ⊠ Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

#### Financial Reporting Method:

Electronic Submission

**Evaluations:** 

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Simpson County PO Box 467 Franklin KY 42135

N/A



Our

Commonwealth

#### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

#### Description/Fun Source of Award and Fiscal Year:

Description:	FY20-
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (FA	AIN): N/A
MUNIS Project Number:	110F
MOA Number:	PON2
Pass-through Number:	N/A

Y20-Community Education Grant tate /A /A 10F ON2 540 19\*4668 /A

#### Grant Authority (Source): FAP111-44-00

#### Award Amount: \$20,000

Period of Award: 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

Special Instructions/Conditions: Authorized By (Name, Title):

Tara Rodriguez, Director Office of Continuous Improvement &

Support

Fund Type: State □Federal □Other:

#### Method of Payment

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

#### **Reimbursement Frequency:**

□ Monthly □ Quarterly ⊠ Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

## **Financial Reporting Method:**

⊠Other: CDIP

**Evaluations:** 

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Todd County 205 Airport Road Elkton KY 42220 N/A



#### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

#### Description/Fun Source of Award and Fiscal Year:

Description:	FY20
Fund Source:	Stat
CFDA#:	N/A
PR/AWARD NUMBER (F	AIN): N/A
MUNIS Project Number	110
MOA Number:	PON
Pass-through Number:	N/A

Y20-Community Education Grant tate //A //A 10F ON2 540 19\*4670 //A

#### Grant Authority (Source): FAP111-44-00

#### Award Amount: \$20,000

Period of Award: 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

Special Instructions/Conditions: Authorized By (Name, Title):

Tara Rodriguez, Director Office of Continuous Improvement &

Support

Fund Type: State □Federal □Other:

#### Method of Payment

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

#### **Reimbursement Frequency:**

□ Monthly □ Quarterly ⊠ Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

#### Financial Reporting Method:

Electronic Submission

**Evaluations:** 

tor

Our

Commonwealth

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Trigg County 202 Main St Cadiz KY 42211

N/A



Our

Commonwealth

#### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

#### Description/Fun Source of Award and Fiscal Year:

Description:	FY20-
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (FA	AIN): N/A
MUNIS Project Number:	110F
MOA Number:	PON2
Pass-through Number:	N/A

-Community Education Grant 2 540 19<mark>\*4671</mark>

#### Grant Authority (Source): FAP111-44-00

#### Award Amount: \$20,000

**Period of Award:** 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

#### Method of Payment

**Federal Cash Request** Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

#### **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

#### **Financial Reporting Method:** Electronic Submission

Other: CDIP

**Evaluations:** 

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Trimble County PO Box 275 Bedford KY 40006 N/A



#### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

#### Description/Fun Source of Award and Fiscal Year:

Description:	FY20-
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (FA	AIN): N/A
MUNIS Project Number:	110F
MOA Number:	PON2
Pass-through Number:	N/A

Y20-Community Education Grant State V/A V/A L10F PON2 540 19\*5006 V/A

#### Grant Authority (Source): FAP111-44-00

#### Award Amount: \$20,000

Period of Award: 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

Special Instructions/Conditions: Authorized By (Name, Title):

Tara Rodriguez, Director Office of Continuous Improvement &

Support

## *Our Commonwealth*

Date: July 1, 2019

Fund Type: ⊠ State □ Federal □ Other:

#### Method of Payment

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

#### **Reimbursement Frequency:**

□ Monthly □ Quarterly ⊠ Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

#### Financial Reporting Method:

Electronic Submission

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#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Union County 510 S Mart St Morganfield KY 42437 N/A

#### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

#### Description/Fun Source of Award and Fiscal Year:

Description:	FY20-0
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F	AIN): N/A
MUNIS Project Number	: 110F
MOA Number:	PON2
Pass-through Number:	N/A

**Community Education Grant** 540 19\*4673

#### Grant Authority (Source): FAP111-44-00

#### Award Amount: \$20,000

**Period of Award:** 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

## Our Commonwealth

Date: July 1, 2019

#### Fund Type: ⊠State ☐ Federal $\Box$ Other:

#### Method of Payment

**Federal Cash Request** Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

#### **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

#### **Financial Reporting Method:**

Electronic Submission Other: CDIP

Departmen

#### Name and Address of Recipient

Agency Name:	
Street Address:	
City, State, Zip:	
DUNS#:	

Washington County 120 Mackville Hill Rd Springfield KY 40069 N/A

#### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

#### Description/Fun Source of Award and Fiscal Year:

Description:	FY2	20
Fund Source:	Sta	ate
CFDA#:	N/.	A
PR/AWARD NUMBER (F	AIN): N/	A
MUNIS Project Number	11	0F
MOA Number:	PO	N
Pass-through Number:	N/.	А

0-Community Education Grant 12 540 19<mark>\*4674</mark>

#### Grant Authority (Source): FAP111-44-00

#### Award Amount: \$20,000

**Period of Award:** 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

## Our Commonwealth

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Date: July 1, 2019

Fund Type: ⊠State ☐ Federal  $\Box$  Other:

#### Method of Payment

**Federal Cash Request** Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

#### **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

#### **Financial Reporting Method:**

Electronic Submission Other: CDIP

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Wayne County 534 Albany Rd Monticello KY 42633 N/A

#### **KDE Contact Information**

Program Consultant:
Street Address:
Budget Contact:
Street Address:
City, State Zip:

Departmen Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

#### Description/Fun Source of Award and Fiscal Year:

Description:	FY20
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F	AIN): N/A
MUNIS Project Number:	110F
MOA Number:	PON
Pass-through Number:	N/A

-Community Education Grant 2 540 19\*4675

#### Grant Authority (Source): FAP111-44-00

#### Award Amount: \$20,000

**Period of Award:** 8/29/16-6/30/2020

**Consortia/Partnership Members:** 

**Special Instructions/Conditions:** Authorized By (Name, Title):

Tara Rodriguez, Director **Office of Continuous Improvement &** 

Support

## Our Commonwealth

cau

Date: July 1, 2019

#### Fund Type: ⊠State ☐ Federal $\Box$ Other:

#### Method of Payment

**Federal Cash Request** Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

#### **Reimbursement Frequency:**

**Monthly** Quarterly Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

#### **Financial Reporting Method:**

Electronic Submission Other: CDIP

#### Name and Address of Recipient

Agency Name:	
Street Address:	
City, State, Zip:	
DUNS#:	

Webster County 28 State Rt 1340 Dixon KY 42409 N/A

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Our

Commonwealth

#### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

#### Description/Fun Source of Award and Fiscal Year:

Description:	FY20
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F	AIN): N/A
MUNIS Project Number	110
MOA Number:	PON
Pass-through Number:	N/A

Y20-Community Education Grant tate //A I/A 10F ON2 540 16\*4676 //A

#### Grant Authority (Source): FAP111-44-00

#### Award Amount: \$20,000

Period of Award: 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

Special Instructions/Conditions: Authorized By (Name, Title):

Tara Rodriguez, Director Office of Continuous Improvement &

Support

Fund Type: State □Federal □Other:

#### Method of Payment

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

#### **Reimbursement Frequency:**

□ Monthly □ Quarterly ⊠ Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

#### Financial Reporting Method:

Electronic Submission

**Evaluations:** 

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Wolfe County PO Box 160 Campton KY 41301 N/A



Our

Commonwealth

#### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

#### Description/Fun Source of Award and Fiscal Year:

Description:	FY20
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F	AIN): N/A
MUNIS Project Number	: 110 <mark>F</mark>
MOA Number:	PON
Pass-through Number:	N/A

Y20-Community Education Grant tate /A /A 10F ON2 540 19\*4677 /A

#### Grant Authority (Source): FAP111-44-00

#### Award Amount: \$20,000

Period of Award: 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

Special Instructions/Conditions: Authorized By (Name, Title):

Tara Rodriguez, Director Office of Continuous Improvement &

Support

Fund Type: State □Federal □Other:

#### Method of Payment

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

#### **Reimbursement Frequency:**

□ Monthly □ Quarterly ⊠ Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

## **Financial Reporting Method:**

**⊠Other: CDIP** 

**Evaluations:** 

odriguez, Director

Jepartmer

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
DUNS#:

Woodford County 330 Pisgah Pk Versailles KY 40383 N/A

#### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Glenna Cummins-(502) 564-1473 300 Sower Blvd.5<sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd.-5<sup>th</sup> Floor Frankfort, Kentucky 40601

#### Description/Fun Source of Award and Fiscal Year:

Description:	FY20-0
Fund Source:	State
CFDA#:	N/A
PR/AWARD NUMBER (F	AIN): N/A
MUNIS Project Number	: 110F
MOA Number:	PON2
Pass-through Number:	N/A

/20-Community Education Grant ate /A /A IOF DN2 540 19<mark>\*4669</mark> /A

#### Grant Authority (Source): FAP111-44-00

#### Award Amount: \$20,000

Period of Award: 8/29/19-6/30/2020

**Consortia/Partnership Members:** 

Special Instructions/Conditions: Authorized By (Name, Title):

Tara Rodriguez, Director Office of Continuous Improvement &

Support

## Our Commonwealth

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Fund Type: ⊠State □Federal □Other:

#### Method of Payment

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

#### **Reimbursement Frequency:**

□ Monthly □ Quarterly ⊠ Other: 1<sup>st</sup> & 3<sup>rd</sup> Quarter

#### Financial Reporting Method:

Electronic Submission

**Evaluations:**