1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Allen Co	unty		State
	Street Address 570 Oliv	er Street	0.1	Federal
	City, State Zip Scottsvil	er Street le, KY 42164		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>126</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAD 2:295		
4	Grant Authority (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	¹¹ a	Evaluations: Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Condition	ns:		
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
14	Authorized by (Name/ Inte).	Division of Consolidated Plans & Audits		Date. July 1, 2017
		Division of Consolidated Fialls & Adults		

1			7	Fund Type:
	Agency Name Anderso	n County		State
	Street Address 1160 By	Pass North	0.4	Federal
	City, State Zip Lawrenc	eburg, KY 40342		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	<u></u>		9	Reimbursement Frequency:
3	Description/Fund Source of A			Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*24 <mark>84</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAR 3:385		
_		Our Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
_	David of Assessed, July 4, 2043	7 1 1 20 2010	-	Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 2017	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
1-7	Addionized by (Maine, Mile).	Division of Consolidated Plans & Audits		Dutc. July 1, 2017
		Division of Consolidated Flans & Addits	The state of the s	

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Augusta	Independent		State
	Street Address 307 Brad	cken St	0.1	Federal
	City, State Zip Augusta,	cken St , KY 41002		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>514</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAR 3:385	1	
_	Grant Additiontly (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
_	Davied of Assessed Lister 4, 2041	7. lune 20, 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
	radionized by (iddine, inte).	Division of Consolidated Plans & Audits		200.70.7 2, 2027
		Division of Consolidated Flans & Addits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Ballard C	County		State
	Street Address 3465 Pag	ducah Rd	04	Federal
	City, State Zip Barlow,	ducah Rd KY 42024		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>516</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAR 3:385	1	
-	Grant Atalionity (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
_	Destad of Assessed to be 4, 2004	7 100 20 2010	-	Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
	radionized by (iddine, inte).	Division of Consolidated Plans & Audits		
		Division of Consolidated Flans & Addits		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Bardstov	wn Independent		State
	Street Address 308 N Fi	fth St	0.4	Federal
	City, State Zip Bardstov	vn, KY 40004		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1 st and 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>517</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 VAD 2:20E		
4	Grant Authority (Source): 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations: Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Condition	ns:		
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
1-7	Additionized by (Maine) fille).	Division of Consolidated Plans & Audits		544C. 741, 1, 2017
<u> </u>		Division of Consolidated Fialls & Addits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Barren C	ounty		State
	Street Address 202 W W	Vashington St	0.1	Federal
	City, State Zip Glasgow	Vashington St , KY 42141		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>553</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAD 2:295		
4	Grant Authority (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
6	Period of Award: July 1, 2017	7. June 20, 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
ь	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio	ns:		
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
14	Authorized by (Name/Title).	Division of Consolidated Plans & Audits		Date. July 1, 2017
		Division of Consolidated Fialls & Adults		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Bath Cou	unty		State
	Street Address 405 W N	fain St	0.4	Federal
	City, State Zip Owingsv	ille, KY 40360		Other:
	DUNS# N/A	12		
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1 st and 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>554</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 VAD 2-20E	+	
4	Grant Authority (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	¹¹ a	Evaluations: Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 201	7 June 20, 2019	-	be disseminated by KDE Program Contacts.
0	Period of Award. July 1, 201	7 - June 20, 2018		be dissemilated by RDE 110gram contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Condition			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
1-7	Additionized by (Name/ Inde).	Division of Consolidated Plans & Audits		Dute. July 1, 2017
		Division of Consolidated Fialls & Addits	A STATE OF THE STA	

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Bell Cour	nty		State
	Street Address PO Box 3	340	0.1	Federal
	City, State Zip Pineville	, KY 40977 EPAN		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>555</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 VAR 2:205		
4	Grant Authority (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	¹¹ a	Evaluations: Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 2017	7 June 20, 2019		be disseminated by KDE Program Contacts.
	renou of Awaru. July 1, 201	7 - Julie 20, 2018		be disseminated by RDE 110gram contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio	ns:		
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
14	Authorized by (Name/ Title).	Division of Consolidated Plans & Audits		Date. July 1, 2017
		Division of Consolidated Fialls & Adults		

1			7	Fund Type:
	Agency Name Boone C	ounty		State
	Street Address 8330 US	42	0.1	Federal
	City, State Zip Florence	42 , KY 41042 EPAI		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>556</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAD 2:295	1	
4	Grant Authority (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	¹¹ a	Evaluations: Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 2017	7 - June 20, 2018		be disseminated by KDE Program Contacts.
	- ,			
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
	The state of the s	Division of Consolidated Plans & Audits		
		Division of Componium Cu Finance Annuals		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Bourbon	County		State
	Street Address 3343 Lex	rington Rd	0.1	Federal
	City, State Zip Paris, KY	tington Rd 40361		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>557</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAR 2:385	1	
_	Grant Additiontly (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations: Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 2017	7 June 20, 2019	-	be disseminated by KDE Program Contacts.
В	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
1-7	Additionized by (Hame, Title).	Division of Consolidated Plans & Audits		5 dec. 7 di y 1, 2017
		Division of Consolidated Flans & Addits		

1			7	Fund Type:
	Agency Name Bowling	Green Independent		State
	Street Address 1211 Cer	nter St	04	Federal
	City, State Zip Bowling	Green, KY 42101		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	<u> </u>		9	Reimbursement Frequency:
3	Description/Fund Source of A			Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*25 <mark>58</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAR 3:385	1	
_		Our Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
	Destalation	7. 1 20. 2042	~~	Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director	4	Date: July 1, 2017
	The state of the s	Division of Consolidated Plans & Audits		
		Division of Componium Cu Finance Annuals		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Boyd Co	·		State
	Street Address 1104 Bo	b McCullough Dr	0.1	Federal
	City, State Zip Ashland,	b McCullough Dr KY 41102		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>559</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAD 2:295		
4	Grant Authority (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
6	Period of Award: July 1, 201	7. June 20, 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
ь	Period of Award: July 1, 201	7 - June 20, 2018		be dissemilated by KDE Flogram Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Condition	ns:		
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
14	Authorized by (Name/ Inte).	Division of Consolidated Plans & Audits		Date. July 1, 2017
		Division of Consolidated Fialls & Adults		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Butler Co	ounty		State
	Street Address PO Box 3	339	0.1	Federal
	City, State Zip Morgant	339 rown, KY 42261		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1 st and 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>568</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 VAD 2,205	-	
4	Grant Authority (Source). 70	Uur		
5	Award Amount: \$20,000	Commonw	¹¹ a	Evaluations: Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 201	7 June 20, 2019		be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by RDE Frogram contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio	ns:		
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
		11100		
14	Authorized By (Name/Title):			Date: July 1, 2017
		Division of Consolidated Plans & Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Campbe	Il County		State
	Street Address 101 Orch	nard Ln	0.1	Federal
	City, State Zip Alexandr	nard Ln ria, KY 41001		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>569</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KVD 3-382	1	
_	Grant Additiontly (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
6	Period of Award: July 1, 2017	7. lune 20, 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
ь	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
	radionized by (italic, inte).	Division of Consolidated Plans & Audits		200.70.7 2, 2027
		Division of Consolidated Flans & Addits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Carroll C	ounty		State
	Street Address 813 Haw	kins St	0.1	Federal
	City, State Zip Carrollto	kins St n, KY 41008		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>570</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAR 2:385	1	
4		Uur		
5	Award Amount: \$20,000	Commonw	¹¹ a	Evaluations: Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 2017	7 - June 20, 2018		be disseminated by KDE Program Contacts.
	, , -			
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
1-7	Additionized by (Hame, Title).	Division of Consolidated Plans & Audits		5 dec. 7 di y 1, 2017
		Division of Consolidated Flans & Addits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Carter Co	ounty		State
	Street Address 228 S Ca	rol Malone Blvd	04	Federal
	City, State Zip Grayson,	rol Malone Blvd , KY 41143		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	<u></u>		9	Reimbursement Frequency:
3	Description/Fund Source of A			Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*25 <mark>71</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAR 3:385	1	
_		Our Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
_	David of Assessed, July 4, 2043	7 100 20 2010	-	Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 2017	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
	radionized by (italic, inte).	Division of Consolidated Plans & Audits		
		Division of Componiuncu Finance Andrea		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Casey Co	ounty		State
	Street Address 1922 N U	JS 127	0.1	Federal
	City, State Zip Liberty, I	US 127 KY 42539		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>572</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAR 3:385	1	
_	Grant Additiontly (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
6	Period of Award: July 1, 2017	7. June 20, 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
ь	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
	Table 27 (Hame, Hee).	Division of Consolidated Plans & Audits		
		Division of Componium Cu Finance Annuals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Christian	County		State
	Street Address PO Box 6	509	0.1	Federal
	City, State Zip Hopkins	509 ville, KY 42241		Other:
	DUNS# N/A	12		
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>573</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAD 2-285	-	
4	Grant Authority (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations: Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 201	7 June 20, 2019		be disseminated by KDE Program Contacts.
0	Period of Award: July 1, 201	7 - June 20, 2018		be dissemilated by RDE 110gram contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio	ns:		
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):			Date: July 1, 2017
		Division of Consolidated Plans & Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Clark Co	unty		State
	Street Address 1600 W	Lexington Ave	0.4	Federal
	City, State Zip Winches	Lexington Ave ter, KY 40391		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>575</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAD 2:295	-	
4	Grant Authority (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	¹¹ a	Evaluations:
6	Period of Award: July 1, 2011	7 - June 20, 2018		
0	Period of Award: July 1, 201	7 - June 20, 2018		be dissemilated by RDE 110gram contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio	ns:		
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):			Date: July 1, 2017
		Division of Consolidated Plans & Audits		
6	Period of Award: July 1, 2013 Consortia/Partnership Memb Special Instructions/Conditio	pers: ns: on approval of contract with balance to be paid in the 3rd qu	Ca	Each program will be evaluated per specific program guidelines be disseminated by KDE Program Contacts.

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Clay Cou	nty		State
	Street Address 128 Rich	mond Rd	04	Federal
	City, State Zip Manches	mond Rd Ster, KY 40962		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	<u></u>		9	Reimbursement Frequency:
3	Description/Fund Source of A			Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*27 <mark>19</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAR 3:385		
_		Our Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
	B : 1 (A 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	20,2012	~~	Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 2017	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
14	Authorized by (Name/ Title).	Division of Consolidated Plans & Audits		Date. July 1, 2017
		Division of Consolidated Fialls & Adults		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Clinton C	County		State
	Street Address Rt 4 Box	100 Hwy 127	0.1	Federal
	City, State Zip Albany, I	100 Hwy 127 KY 42602		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1 st and 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>576</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAD 2:295	-	
4	Grant Authority (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations: Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
0	reliou of Awaru. July 1, 201	7 - June 20, 2018		be disseminated by RDE 110grain contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio	ns:		
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):			Date: July 1, 2017
		Division of Consolidated Plans & Audits	A STANCE OF THE	

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Cloverpo	ort Independent		State
	Street Address PO Box	37	3/1	Federal
	City, State Zip Cloverpo	37 ort, KY 40111		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>577</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	M KAP 3:385	<u> </u>	
7	Grant Authority (30dice). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
		Committee	va	Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Mem	bers:		
13	Special Instructions/Condition	ons:		
	50% payment to be made up	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
	The state of the s	Division of Consolidated Plans & Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Crittend	en County		State
	Street Address PO Box 3	362	0.1	Federal
	City, State Zip Marion,	862 KY 42064 DEDAI		Other:
	DUNS# N/A	12		
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>578</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAD 2-285		
4	Grant Authority (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
6	Period of Award: July 1, 201	7 June 20 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Condition	ns:		
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized Dy (None of Title)	Toro Doduigues Disector		Data: July 1, 2017
14	Authorized By (Name/Title):			Date: July 1, 2017
		Division of Consolidated Plans & Audits	No. of the last of	

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Cumberl	and County		State
	Street Address PO Box 4	120	04	Federal
	City, State Zip Burkesvi	120 Ile, KY 42717		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>582</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAR 3:385	1	
-	Grant Atlantonte, (Source).	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
_	Davied of Assessed July 4, 2043	7 100 20 2010	-	Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 2017	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director	4	Date: July 1, 2017
	The state of the s	Division of Consolidated Plans & Audits		
		Division of Componium Cu Finance Arabita		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Edmonso	on County		State
	Street Address PO Box 1	129	04	Federal
	City, State Zip Brownsv	ille, KY 42210		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>583</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAR 3:385	1	
-	Grant Ataliantity (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
_	David of Assessed, July 4, 2043	7 100 20 2010	-	Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 2017	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
14	Additionized by (ivaline/ little).	Division of Consolidated Plans & Audits		Date. July 1, 2017
		Division of Consolidated Flans & Addits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Elliott Co	ounty		State
	Street Address PO Box 7	767	04	Federal
	City, State Zip Sandy Ho	ook, KY 41171		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*25 <mark>84</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAR 3:385	1	
-	Grant Atlantonte, (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
_	Davied of Assessed July 4, 2043	7 June 20 2010		Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 2017	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
1-7	Additionized by (Hame, Title).	Division of Consolidated Plans & Audits		5 dec. 7 di y 1, 2017
		Division of Consolidated Flans & Addits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Estill Cou			State
	Street Address PO Box 9	930	0.1	Federal
	City, State Zip Irvine, K	930 Y 40336		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>585</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAD 2:295		
	Grant Additiontly (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
6	Period of Award: July 1, 2017	7. June 20, 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
ь	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director	4	Date: July 1, 2017
	The state of the s	Division of Consolidated Plans & Audits		
		Division of Componium Cu Finance Annuals		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Fayette	County		State
	Street Address 701 E Ma	ain St	0.1	Federal
	City, State Zip Lexingto	ain St n, KY 40502		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1 st and 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>586</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAR 2:385	1	
_	Grant Additiontly (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
6	Period of Award: July 1, 2017	7. lune 20, 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
ь	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
	The state of the s	Division of Consolidated Plans & Audits		
		Division of Componentical Family & Family		

1			7	Fund Type:
	Agency Name Floyd Co	unty		State
	Street Address 106 N Fr	ont Ave	0.1	Federal
	City, State Zip Prestons	sburg, KY 41653		Other:
	DUNS# N/A	12		
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>587</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAD 2-285		
4	Grant Authority (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
6	Period of Award: July 1, 201	7 June 20 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
ь	Period of Award: July 1, 201	7 - June 20, 2018		be dissemilated by KDE Flogram Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio	ns:		
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
14	Authorized by (Name/Title):	Division of Consolidated Plans & Audits		Date. July 1, 2017
		Division of Consolidated Fidns & Addits		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Franklin	County		State
	Street Address 916 E M	ain St	04	Federal
	City, State Zip Frankfor	t, KY 40601		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1 st and 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>589</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 VAD 2:20E		
4	Grant Authority (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations: Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Condition			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
14	Authorized by (Name/ Title).	Division of Consolidated Plans & Audits		Date. July 1, 2017
		Division of Consolidated Fialls & Addits	all and the second	

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Fulton Independent			State
	Street Address 304 Wes	t State Line	0.1	Federal
	City, State Zip Fulton, k	t State Line CY 42041		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1 st and 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>591</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KVD 3-382	1	
4	Grant Authority (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
6	Dowland of Assessed, July 4, 201	7. lune 20, 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
ь	Period of Award: July 1, 2017 - June 20, 2018			be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio	ns:		
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
14	Authorized by (Name/ Title).	Division of Consolidated Plans & Audits		Date. July 1, 2017
		Division of Consolidated Fialls & Adults		

1			7	Fund Type:
	Agency Name Garrard	County		State
	Street Address 322 W M	1aple St	04	Federal
	City, State Zip Lancaste	Maple St er, KY 40444		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>592</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAR 3:385	1	
-	Grant Atlantonte, (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
_	Davied of Assessed July 4, 2043	7 100 20 2010		Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 2017	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director	4	Date: July 1, 2017
	The state of the s	Division of Consolidated Plans & Audits		
		Division of Componium Cu Finance Annuals	No.	

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name Grant Co	ounty		State	
	Street Address 820 Arni	e Risen Boulevard	0.1	Federal	
	City, State Zip Williams	e Risen Boulevard town, KY 41097		Other:	
	DUNS# N/A				
			8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement	
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment	
		Glenna.Cummins@Education.Ky.Gov			
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum	
		x4346Kristin.Burton@Education.Ky.Gov			
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, Kentucky 40601			
			9	Reimbursement Frequency:	
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly	
	Description	FY18-Community Education Grant		Quarterly	
	Fund Source	General Funds		Other 1 st and 3 rd Quarters	
	CFDA#	N/A			
	PR/AWARD NUMBER (FAIN)	N/A			
	MUNIS Project Number	110D	10	Financial Reporting Method:	
	MOA Number	17*2 <mark>593</mark>		Electronic Submission CDIP	
	Pass-through Number	N/A			
				Other	
4	Grant Authority (Source): 70	4 KVD 3-382	1		
_	Grant Additiontly (Source). 70	Our Our			
5	Award Amount: \$20,000	Commonw	11	Evaluations:	
6	Period of Award: July 1, 2017	7. lune 20, 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.	
ь	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.	
12	Consortia/Partnership Memb	pers:			
13	Special Instructions/Conditio	ns:			
	50% payment to be made upon approval of contract with balance to be paid in the 3rd quarter contingent upon receipt of CDIP/District Expense Report				
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017	
	radionized by (italic, inte).	Division of Consolidated Plans & Audits		200.70.7 2, 2027	
		Division of Consolidated Flans & Addits			

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Graves C	County		State
	Street Address 2290 Sta	ite Rt 121 N	0.1	Federal
	City, State Zip Mayfield	Ite Rt 121 N I, KY 42066		Other:
	DUNS# N/A	12		
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1 st and 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>594</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAD 2-285		
4	Grant Authority (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
6	Period of Award: July 1, 201	7 June 20 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Condition	ns:		
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized Dy (None of Title)	Toro Doduigues Disector		Data: July 1, 2017
14	Authorized By (Name/Title):			Date: July 1, 2017
		Division of Consolidated Plans & Audits	No. of the last of	

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Grayson	County		State
	Street Address PO Box 4	1009	0.1	Federal
	City, State Zip Leitchfie	1009 Id, KY 42754		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>595</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAD 2:295		
_	Grant Additiontly (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
6	Period of Award: July 1, 2017	7. June 20, 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
ь	Period of Award: July 1, 201	7 - June 20, 2018		be dissemilated by KDE Flogram Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio	ns:		
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
14	Authorized by (Name/ little):	Division of Consolidated Plans & Audits		Date. July 1, 2017
		Division of Consolidated Fidns & Addits		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Hancock	County		State
	Street Address 83 State	Rt 271 N	0.4	Federal
	City, State Zip Hawesvi	lle, KY 42348		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1 st and 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>596</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 VAD 2:20E		
4	Grant Authority (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	¹¹ a	Evaluations: Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
0	Period of Award. July 1, 201	7 - June 20, 2018		be disseminated by RDE Frogram contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Condition	ns:		
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
14	Authorized by (Name/ Title).	Division of Consolidated Plans & Audits		Date. July 1, 2017
		Division of Consolidated Fialls & Addits		

٨٥		Name and Address of Recipient:		Fund Type:
Ago	Agency Name Hardin County			State
Str	reet Address 65 W A Je	nkins Rd	1	Federal
City	ty, State Zip Elizabetht	cown, KY 42701		Other:
DU	JNS# N/A			
			8	Method of Payment:
2 KD	DE Contact Information:			Federal Cash Request
Pro	ogram Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
Str	reet Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
Bud	udget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
Str	reet Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
City	ty, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3 Des	escription/Fund Source of Av	ward and Fiscal Year:		Monthly
Des	escription	FY18-Community Education Grant		Quarterly
Fur	ind Source	General Funds		Other 1st and 3rd Quarters
CFI	DA#	N/A		
PR,	R/AWARD NUMBER (FAIN)	N/A		
MU	UNIS Project Number	110D	10	Financial Reporting Method:
MC	OA Number	17*2 <mark>597</mark>		Electronic Submission CDIP
Pas	ss-through Number	N/A		
				Other
4 Gra	rant Authority (Source): 704	VAD 2:205		
4 018	ant Authority (Source). 704	Our		
5 Aw	ward Amount: \$20,000	Commonw	¹¹ a	Evaluations: Each program will be evaluated per specific program guidelines to
6 Pei	riod of Award: July 1 2017	- June 20, 2018		be disseminated by KDE Program Contacts.
b Pei	Period of Award: July 1, 2017 - June 20, 2018			be disseminated by RDE Frogram contacts.
12 Co	onsortia/Partnership Membe	ers:		
13 Spe	ecial Instructions/Condition	s:		
509)% payment to be made upor	n approval of contract with balance to be paid in the 3rd qua	arter co	ontingent upon receipt of CDIP/District Expense Report
14 Au	uthorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
		Division of Consolidated Plans & Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Harlan County			State
	Street Address 251 Ball	Park Rd	0.1	Federal
	City, State Zip Harlan, k	Park Rd XY 40831		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>599</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KVD 3-382	1	
_	Grant Additiontly (Source). 70	Our Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
6	Deviced of Assessed, July 4, 201	7. lune 20, 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
ь	Period of Award: July 1, 2017 - June 20, 2018			be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
	The state of the s	Division of Consolidated Plans & Audits		
		Division of Componential Contracts		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Harrison County			State
	Street Address 324 Web	oster Ave	0.1	Federal
	City, State Zip Cynthian	aster Ave aa, KY 41031		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>600</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAR 3:385	1	
7	Grant Additiontly (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
6	Period of Award: July 1, 2017	7. lune 20, 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
ь	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
	The state of the s	Division of Consolidated Plans & Audits		
		The state of the s		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Henderson County			State
	Street Address 1805 Sec	cond St	0.1	Federal
	City, State Zip Henders	cond St on, KY 42420		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>601</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAR 3:385	1	
7	Grant Additiontly (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
6	Period of Award: July 1, 2017	7. lune 20, 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
ь	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
	The state of the s	Division of Consolidated Plans & Audits		
		Division of Componium Cu Finance France		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Hickman County			State
	Street Address 416 Wat	erfield Dr	0.1	Federal
	City, State Zip Clinton,	erfield Dr KY 42031		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>602</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 VAD 2,205	-	
4	Grant Authority (Source). 70	Uur		
5	Award Amount: \$20,000	Commonw	¹¹ a	Evaluations: Each program will be evaluated per specific program guidelines to
6	Period of Award: August 1, 2	2017 June 20, 2018		be disseminated by KDE Program Contacts.
0	reliou of Awaru. August 1, 2	.017 - Julie 20, 2016		be disseminated by RDE Frogram contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio	ns:		
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
	-	11100		
14	Authorized By (Name/Title):			Date: July 1, 2017
		Division of Consolidated Plans & Audits		

1 N	Name and Address of Recipient:		7	Fund Type:
A	Agency Name Jackson County			State
St	Street Address PO Box 2	17	1	Federal
C	City, State Zip McKee, K	17 Y 40447 PEPAI		Other:
D	DUNS# N/A			
			8	Method of Payment:
2 K	KDE Contact Information:			Federal Cash Request
P	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
St	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
В	Budget Contact	Kristin Burton-502-564-1979 x4346		Lump Sum
		Kristin.Burton@Education.Ky.Gov		
S1	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
C	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3 D	Description/Fund Source of A	ward and Fiscal Year:		Monthly
D	Description	FY18-Community Education Grant		Quarterly
F	Fund Source	General Funds		Other 1st and 3rd Quarters
C	CFDA#	N/A		
P	PR/AWARD NUMBER (FAIN)	N/A		
№	MUNIS Project Number	110D	10	Financial Reporting Method:
№	MOA Number	17*2 <mark>604</mark>		Electronic Submission CDIP
P	Pass-through Number	N/A		
				Other
4 G	Grant Authority (Source): 704	I VAD 3:395		
4 0	Grant Authority (Source). 70-	Our		
5 A	Award Amount: \$20,000	Commonw	11	Evaluations: Each program will be evaluated per specific program guidelines to
6 P	Period of Award: July 1, 2017	- June 20, 2018		be disseminated by KDE Program Contacts.
	renou of Award. July 1, 2017	- Julie 20, 2016		be disseminated by RDE 110gram contacts.
12 C	Consortia/Partnership Memb	ers:		
13 S	Special Instructions/Condition	ns:		
5	50% payment to be made upo	n approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14 A	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
		Division of Consolidated Plans & Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Jackson	Independent		State
	Street Address 940 High	aland Ave	04	Federal
	City, State Zip Jackson,	KY 41339		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979 x4346		Lump Sum
		Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	<u> </u>		9	Reimbursement Frequency:
3	Description/Fund Source of A			Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>605</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAR 3:385		
_		Our Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
_	Desired of Assessed state 4 CCC	7. June 20, 2010	~~	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director	4	Date: July 1, 2017
	The state of the s	Division of Consolidated Plans & Audits		
		Division of Componium Cu Finance Francis		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Jeffersor	n County		State
	Street Address PO Box 3	34020	0.1	Federal
	City, State Zip Louisville	84020 e, KY 40232		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979 x4346		Lump Sum
		Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>606</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAR 3:385	1	
7	Grant Additiontly (Source). 70	Uur		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
_	Deviced of Assessed July 4, 204	7. lune 20, 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2017	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
		Division of Consolidated Plans & Audits		, , , , , , , , , , , , , , , , , , , ,
<u> </u>				

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Jessamir	ne County		State
	Street Address 871 Wilr	more Rd	0.4	Federal
	City, State Zip Nicholas	ville, KY 40356		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979 x4346		Lump Sum
		Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1 st and 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>607</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAD 2-285	<u> </u>	
4	Grant Authority (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	¹¹ a	Evaluations: Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
_				
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Condition	ns:		
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
	The state of the s	Division of Consolidated Plans & Audits		
		Division of Componium Carl I and a right		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Johnson County			State
	Street Address 253 N M	layo Tr	0.1	Federal
	City, State Zip Paintsvil	layo Tr lle, KY 41240		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>608</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	M KAD 2:285		
_	Grant Authority (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	110	Evaluations: Each program will be evaluated per specific program guidelines to
6	Period of Award: August 1,	2017 June 20, 2019	-	be disseminated by KDE Program Contacts.
В	Period of Award: August 1,	2017 - June 20, 2018		be dissemilated by KDL Flogram contacts.
12	Consortia/Partnership Mem	bers:		
13	Special Instructions/Condition	ons:		
	50% payment to be made up	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
1.5	A calculated Do As a feet 1	Town Parking and Direct		Data lab 4 2047
14	Authorized By (Name/Title):			Date: July 1, 2017
		Division of Consolidated Plans & Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Kenton County			State
	Street Address 1055 Eat	on Dr	0.1	Federal
	City, State Zip Fort Wri	con Dr ght, KY 41017		Other:
	DUNS# N/A	4.0		
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>609</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAR 3:385	1	
_	Grant Additiontly (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
6	Period of Award: July 1, 2017	7. June 20, 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
ь	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director	4	Date: July 1, 2017
	The state of the s	Division of Consolidated Plans & Audits		
		Division of Componium Cu Finance Annuals		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Knott Co	unty		State
	Street Address PO Box 8	369	0.1	Federal
	City, State Zip Hindmar	369 n, KY 41822		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1 st and 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>610</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAD 2:295	1	
4	Grant Authority (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	¹¹ a	Evaluations: Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 2017	7 - June 20, 2018		be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by RDE Frogram contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio	ns:		
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
		11100		
14	Authorized By (Name/Title):			Date: July 1, 2017
		Division of Consolidated Plans & Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name LaRue Co			State
	Street Address 208 Colle	ege St	04	Federal
	City, State Zip Hodgeny	ege St ville, KY 42748		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	<u></u>		9	Reimbursement Frequency:
3	Description/Fund Source of A			Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*26 <mark>11</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAR 3:385		
_		Our Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
_	David of Assessed, July 4, 2043	7. 1 20. 2010		Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 2017	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
1-7	Addionized by (Maine/ Ittle).	Division of Consolidated Plans & Audits		Duce. July 1, 2017
		Division of Consolidated Flans & Addits		

1	Name and Address of Recipion	ent:	7	Fund Type:
	Agency Name Lawrence	e County	100	State
	Street Address PO Box	507	0.1	Federal
	City, State Zip Louisa, I	(Y 41230		Other:
	DUNS# N/A	12		
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1 st and 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>612</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	M VAD 2-20E		
4	Grant Authority (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	¹¹ a	Evaluations: Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
	-			
12	Consortia/Partnership Mem			
13	Special Instructions/Condition			
	50% payment to be made up	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director	6	Date: July 1, 2017
	, , ,	Division of Consolidated Plans & Audits		
L				

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Leslie Co			State
	Street Address PO Box 9	xy 41749 Pan	04	Federal
	City, State Zip Hyden, k	XY 41749		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A			Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*26 <mark>13</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAR 3:385		
_	(00000)	Our Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
_	David of Assessed July 4, 2001	7. 1 20. 2010		Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
14	Authorized by (Name/ Title).	Division of Consolidated Plans & Audits		Date. July 1, 2017
		Division of Consolidated Fialls & Adults		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Letcher	County		State
	Street Address 224 Park	St	04	Federal
	City, State Zip Whitesb	urg, KY 41858		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	And the second s		9	Reimbursement Frequency:
3	Description/Fund Source of A			Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>614</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		_
				Other
4	Grant Authority (Source): 70	4 KAR 3:385	1	
_	, (00.000)	Our Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
_	David of Associate Associated	20.27 June 20. 2010	-	Each program will be evaluated per specific program guidelines to
6	Period of Award: August 1, 2	2017 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Condition	ns:		
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
1.0	Authorized Dy (Nome /Title)	Toro Doduigues Disector		Deter July 1, 2017
14	Authorized By (Name/Title):	Tara Rodriguez, Director Division of Consolidated Plans & Audits		Date: July 1, 2017
		Division of Consolidated Plans & Audits	All Property and the Property of the Property	

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Lincoln (County		State
	Street Address 305 Dan	ville Avenue	04	Federal
	City, State Zip Stanford	ville Avenue I, KY 40484		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	<u> </u>		9	Reimbursement Frequency:
3	Description/Fund Source of A			Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*26 <mark>15</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		_
				Other
4	Grant Authority (Source): 70	4 KAR 3:385	1	
_		Our Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
_	Destad of Assessed to be 4, 2004	7 100 20 2010	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
1-7	Authorized by (Maine/ Hite).	Division of Consolidated Plans & Audits		Dute. July 1, 2017
		Division of Consolidated Flans & Addits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Livingsto	on County		State
	Street Address PO Box 2	219	04	Federal
	City, State Zip Smithlar	219 nd, KY 42081		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	<u> </u>		9	Reimbursement Frequency:
3	Description/Fund Source of A			Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*26 <mark>16</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		_
				Other
4	Grant Authority (Source): 70	4 KAR 3:385	1	
_		Our Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
	B : 1 (A 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		~~	Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
1-7	Authorized by (Maille/ Hitle).	Division of Consolidated Plans & Audits		Dute. July 1, 2017
		Division of Consolidated Flans & Addits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Lyon Cou	unty		State
	Street Address 217 Jenk	ins Rd	04	Federal
	City, State Zip Eddyville	ins Rd e, KY 42038		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>617</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KVD 3-382	1	
4	Grant Authority (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
6	Period of Award: July 1, 2017	7. lune 20, 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
ь	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio	ns:		
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
14	Authorized by (Name/ little):	Division of Consolidated Plans & Audits		Date. July 1, 2017
		Division of Consolidated Fidns & Addits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Madison	County		State
	Street Address PO Box 7	768	0.4	Federal
	City, State Zip Richmon	768 d, KY 40475		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	<u></u>		9	Reimbursement Frequency:
3	Description/Fund Source of A			Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>658</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAR 3:385		
_		Our Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
	B : 1 (A 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	20 2010	~~	Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 2017	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
1-7	Addionized by (Ivallie, Ittle).	Division of Consolidated Plans & Audits		Dutc. July 1, 2017
		Division of Consolidated Flans & Addits	The state of the s	

1			7	Fund Type:
	Agency Name Magoffir	County		State
	Street Address PO Box 1	.09	0.1	Federal
	City, State Zip Salyersvi	.09 Ile, KY 41465		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>660</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAR 3:385	1	
7	Grant Additiontly (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
_	Deviced of Assessed, July 4, 204	7. lune 20, 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2017	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
		Division of Consolidated Plans & Audits		, , , , , , , , , , , , , , , , , , , ,
<u> </u>				

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Marion (County		State
	Street Address 755 E M	ain St	04	Federal
	City, State Zip Lebanon	ain St , KY 40033		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A			Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>661</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAR 3:385		
_	, (,	Our Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
	B : 1 (A 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		~~	Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Condition			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
1-7	Additionized by (Name/ Title).	Division of Consolidated Plans & Audits		Dutc. July 1, 2017
		Division of Consolidated Flans & Addits		

1			7	Fund Type:
	Agency Name Marshall	County		State
	Street Address 86 High S	School Rd	04	Federal
	City, State Zip Benton,	School Rd KY 42025		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>667</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAR 3:385	1	
-	Grant Atlantonte, (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
_	Davied of Assessed July 4, 2043	7 100 20 2010		Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 2017	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director	4	Date: July 1, 2017
	The state of the s	Division of Consolidated Plans & Audits		
		Division of Componium Cu Finance Annuals		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Mason C	County		State
	Street Address PO Box 1	130	0.1	Federal
	City, State Zip Maysville	L30 e, KY 41056		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>668</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAD 2:295		
_	Grant Additiontly (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
6	Period of Award: July 1, 2017	7. June 20, 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
ь	Period of Award: July 1, 201	7 - June 20, 2018		be dissemilated by KDE Flogram Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
	radionized by (italic, inte).	Division of Consolidated Plans & Audits		
		Division of Componiuncu Finance Andrea		

1			7	Fund Type:
	Agency Name McCrear	ry County		State
	Street Address 120 Raid	ler Way	0.1	Federal
	City, State Zip Stearns,	ler Way KY 42647		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1 st and 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>669</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAD 2-285		
4	Grant Authority (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	¹¹ a	Evaluations: Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 2017	7 - June 20, 2018		be disseminated by KDE Program Contacts.
	. ,			
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director	4	Date: July 1, 2017
	radionized by (radio) rate).	Division of Consolidated Plans & Audits		200. 70. 1 2, 2027
		Division of Consolidated Flans & Addits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name McLean	County		State
	Street Address PO Box 2	245	0.1	Federal
	City, State Zip Calhoun,	. KY 42327 EPAI		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>670</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 VAR 2:205		
4	Grant Authority (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	¹¹ a	Evaluations: Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 2017	7 - June 20, 2018		be disseminated by KDE Program Contacts.
	. ,			
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
	radionized by (italic, inte).	Division of Consolidated Plans & Audits		200.70.7 2, 2027
		Division of Consolidated Flans & Addits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Menifee	County		State
	Street Address PO Box 1	10	04	Federal
	City, State Zip Frenchb	.10 urg, KY 40322		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	<u></u>		9	Reimbursement Frequency:
3	Description/Fund Source of A			Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>672</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAR 3:385		
		Our Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
	Davied of Assessed July 4, 2043	7 June 20 2010		Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 2017	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
	radionized by (italic, inte).	Division of Consolidated Plans & Audits		200.70.7 2, 2027
		Division of Componidated Figure & Addition		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Metcalfe	County		State
	Street Address 1007 W	Stockton	0.1	Federal
	City, State Zip Edmonto	Stockton on, KY 42129		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>673</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAR 3:385	1	
_	Grant Additiontly (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
6	Period of Award: July 1, 2017	7. lune 20, 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
ь	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
	radionized by (italic, inte).	Division of Consolidated Plans & Audits		200.70.7 2, 2027
		Division of Consolidated Flans & Addits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Monroe	County		State
	Street Address 309 Emb	erton St	0.1	Federal
	City, State Zip Tompkin	sville, KY 42167		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>674</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KVD 3-382	1	
4	Grant Authority (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
6	Period of Award: July 1, 201	7. lune 20, 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
ь	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio	ns:		
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
1.0	Authorized D. (Nome /Title)	Taya Dadwiguan Diyastay		Data: July 1, 2017
14	Authorized By (Name/Title):	_		Date: July 1, 2017
		Division of Consolidated Plans & Audits	No. of the last of	

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Montgo	mery County		State
	Street Address 700 Woo	odford Drive	0.4	Federal
	City, State Zip Mount S	Sterling, KY 40353		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1 st and 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>675</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	M VAD 2-20E		
4	Grant Authority (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	¹¹ a	Evaluations: Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
	• •			
12	Consortia/Partnership Meml	pers:		
13	Special Instructions/Condition	ons:		
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director	4	Date: July 1, 2017
	riamonized by (manie) mic).	Division of Consolidated Plans & Audits		200. 70.1 2, 2027
		Sitisficit of Collocidated Fiding & Addits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Morgan	County		State
	Street Address PO Box 4	189	0.1	Federal
	City, State Zip West Lib	erty, KY 41472		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1 st and 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>676</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KVD 3-382	1	
_	Grant Additiontly (Source). 70	Our Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
6	Period of Award: July 1, 2017	7. lune 20, 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
ь	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio	ns:		
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
14	Authorized by (Name/Title).	Division of Consolidated Plans & Audits		Date. July 1, 2017
		Division of Consolidated Fialls & Adults		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Muhlent	perg County		State
	Street Address 510 Wes	st Main Street	0.1	Federal
	City, State Zip Powderl	y, KY 42367		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>677</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAD 2-285		
4	Grant Authority (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
6	Period of Award: July 1, 201	7 June 20 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
ь	Period of Award: July 1, 201	7 - June 20, 2018		be dissemilated by KDE Flogram Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Condition	ns:		
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized Dy (Nonco /Title)	Toro Doduigues Disector		Deter July 1, 2017
14	Authorized By (Name/Title):			Date: July 1, 2017
		Division of Consolidated Plans & Audits	No. of the last of	

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Murray I	ndependent		State
	Street Address 208 S 13	th St	0.1	Federal
	City, State Zip Murray,	th St KY 42071		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>678</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KVD 3-382	1	
4	Grant Authority (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
6	Period of Award: July 1, 2017	7. lune 20, 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
ь	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
1-7	Additionized by (Hame, Title).	Division of Consolidated Plans & Audits		5 dec. 7 di y 1, 2017
		Division of Consolidated Flans & Addits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Oldham			State
	Street Address PO Box 2	118 KY 40010 EPAI	0.4	Federal
	City, State Zip Buckner,	KY 40010		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1 st and 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>679</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 VAR 2:205		
4	Grant Authority (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	¹¹ a	Evaluations: Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 2017	7 - June 20, 2018		be disseminated by KDE Program Contacts.
	. ,			
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
	radionized by (italic) file).	Division of Consolidated Plans & Audits		200. 70. 1 2, 2027
		Division of Consolidated Flans & Addits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Owen Co	ounty		State
	Street Address 1600 Hw	y 22 E	04	Federal
	City, State Zip Owenton	ry 22 E n, KY 40359		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	<u></u>		9	Reimbursement Frequency:
3	Description/Fund Source of A			Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*26 <mark>80</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAR 3:385		
_		Our Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
_	Davied of Assessed July 4, 204	7. June 20, 2010	~~	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2017	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
	radionized by (radio) rate).	Division of Consolidated Plans & Audits		200. 70. 1 2, 2027
		Division of Componidated Figure & Addition		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Owsley 0	County		State
	Street Address PO Box 3	340	04	Federal
	City, State Zip Boonevil	840 le, KY 41314		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
	<u></u>		9	Reimbursement Frequency:
3	Description/Fund Source of A			Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>681</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAR 3:385		
_		Our Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
_	David of Assessed, July 4, 2043	7 100 20 2010		Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 2017	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director	4	Date: July 1, 2017
		Division of Consolidated Plans & Audits		
		Division of Componential Contracts	No.	

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Pendleto	on County		State
	Street Address 2525 Hw	yy 27 N	04	Federal
	City, State Zip Falmout	vy 27 N h, KY 41040		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A			Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>682</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		_
				Other
4	Grant Authority (Source): 70	4 KAR 3:385	1	
-		Our Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
_	Deviced of Assessed, July 4, 2043	7 100 20 2010	-	Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Condition	ns:		
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
1.0	Authorized D. (Nove /This)	Tara Daduiguas Disastes		Deter July 1, 2017
14	Authorized By (Name/Title):	Tara Rodriguez, Director Division of Consolidated Plans & Audits		Date: July 1, 2017
		DIVISION OF CONSUMBATED PLANS & AUGITS	A STATE OF THE PARTY OF THE PAR	

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Perry Co	unty		State
	Street Address 315 Park	Ave	0.1	Federal
	City, State Zip Hazard,	KAVE KY 41701		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1 st and 3 rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>683</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAD 2-285		
_	Grant Additiontly (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
6	Period of Award: July 1, 2017	7 June 20, 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
ь	Period of Award: July 1, 201	7 - June 20, 2018		be dissemilated by KDE Flogram Contacts.
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director	4	Date: July 1, 2017
	interior by (runner rule).	Division of Consolidated Plans & Audits		
		Division of Componium Cu Finance Armania		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Pike Cou	nty	1	State
	Street Address PO Box 3	3097	2	Federal
	City, State Zip Pikeville,	8097 , KY 41502		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A			Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*28 <mark>64</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAR 3:385	1	
	, , ,	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
		COMMINION	va	Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 2017	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb	nors:		
	Special Instructions/Conditio			
13	•		arter co	antingent upon receipt of CDIP/District Expense Penart
	50% payment to be made upon approval of contract with balance to be paid in the 3rd quarter contingent upon receipt of CDIP/District Expense Report			
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
		Division of Consolidated Plans & Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Powell C			State
	Street Address PO Box 4	130	0.1	Federal
	City, State Zip Stanton,	130 KY 40380 EDAI		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>685</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 VAD 2:20E		
4	Grant Authority (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	¹¹ a	Evaluations: Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 2017	7 - June 20, 2018		be disseminated by KDE Program Contacts.
	• ,			
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director	4	Date: July 1, 2017
	The state of the s	Division of Consolidated Plans & Audits		
		Division of Componium Cu Finance Arabita		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Pulaski C	County		State
	Street Address PO Box 1	.055	01	Federal
	City, State Zip Somerse	t, KY 42502		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>686</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAR 3:385	-	
_	Grant Additiontly (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
6	Period of Award: July 1, 2017	7. lune 20, 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
ь	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
	interior by (runner rule).	Division of Consolidated Plans & Audits		
		Division of Componential Contracts		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Robertso	on County		State
	Street Address PO Box 1	108	0.1	Federal
	City, State Zip Mount C	108 Dlivet, KY 41064		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>689</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAR 3:385	1	
	Grant Authority (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
6	Period of Award: July 1, 201	7. June 20, 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
ь	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director	4	Date: July 1, 2017
	The state of the s	Division of Consolidated Plans & Audits		
		Division of Componium Cu Finance Annuals		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Rockcast	tle County		State
	Street Address 245 Rich	mond St	0.1	Federal
	City, State Zip Mount V	/ernon, KY 40456		Other:
	DUNS# N/A	11		
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>690</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAD 2-285		
4	Grant Authority (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
6	Period of Award: July 1, 201	7 June 20 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 201	7 - June 20, 2018		be dissemilated by KDE Flogram Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio	ns:		
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
1.4	Authorized By (Name /Title)	Tara Badriguay Director		Data July 1 2017
14	Authorized By (Name/Title):	Tara Rodriguez, Director Division of Consolidated Plans & Audits		Date: July 1, 2017
		DIVISION OF CONSUMBATED PLANS & AUGITS	A STATE OF THE PARTY OF THE PAR	

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name Rowan C	ounty		State	
	Street Address 121 E Se	cond St	04	Federal	
	City, State Zip Morehea	cond St ad, KY 40351		Other:	
	DUNS# N/A				
			8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement	
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment	
		Glenna.Cummins@Education.Ky.Gov			
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum	
		x4346Kristin.Burton@Education.Ky.Gov			
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, Kentucky 40601			
	<u></u>		9	Reimbursement Frequency:	
3	Description/Fund Source of A			Monthly	
	Description	FY18-Community Education Grant		Quarterly	
	Fund Source	General Funds		Other 1st and 3rd Quarters	
	CFDA#	N/A			
	PR/AWARD NUMBER (FAIN)	N/A			
	MUNIS Project Number	110D	10	Financial Reporting Method:	
	MOA Number	17*26 <mark>91</mark>		Electronic Submission CDIP	
	Pass-through Number	N/A			
				Other	
4	Grant Authority (Source): 70	4 KAR 3:385			
_		Our Our			
5	Award Amount: \$20,000	Commonw	11	Evaluations:	
	David of Assault 1 1 4 222	7. June 20, 2010	~~	Each program will be evaluated per specific program guidelines to	
6	Period of Award: July 1, 2017	7 - June 20, 2018		be disseminated by KDE Program Contacts.	
12	Consortia/Partnership Memb	pers:			
13	Special Instructions/Conditio				
	50% payment to be made upon approval of contract with balance to be paid in the 3rd quarter contingent upon receipt of CDIP/District Expense Report				
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017	
	radionized by (italic, inte).	Division of Consolidated Plans & Audits		200.70.7 2, 2027	
		Division of Componidated Flans & Addits			

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Russell C	County		State
	Street Address PO Box 4	140	0.1	Federal
	City, State Zip Jamesto	140 wn, KY 42629		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>692</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAD 2:295		
_	Grant Additiontly (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
6	Period of Award: July 1, 2017	7. June 20, 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
ь	Period of Award: July 1, 201	7 - June 20, 2018		be dissemilated by KDE Flogram Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director	4	Date: July 1, 2017
		Division of Consolidated Plans & Audits		
		2	The state of the s	

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name Russell Independent			State	
	Street Address 409 Belfe	ont St	0.1	Federal	
	City, State Zip Russell, I	ont St KY 41169		Other:	
	DUNS# N/A				
			8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement	
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment	
		Glenna.Cummins@Education.Ky.Gov			
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum	
		x4346Kristin.Burton@Education.Ky.Gov			
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, Kentucky 40601			
			9	Reimbursement Frequency:	
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly	
	Description	FY18-Community Education Grant		Quarterly	
	Fund Source	General Funds		Other 1 st and 3 rd Quarters	
	CFDA#	N/A			
	PR/AWARD NUMBER (FAIN)	N/A			
	MUNIS Project Number	110D	10	Financial Reporting Method:	
	MOA Number	17*2 <mark>693</mark>		Electronic Submission CDIP	
	Pass-through Number	N/A			
				Other	
4	Grant Authority (Source): 70	4 KAR 2:385	1		
4	Grant Authority (Source). 70	Uur			
5	Award Amount: \$20,000	Commonw	¹¹ a	Evaluations: Each program will be evaluated per specific program guidelines to	
6	Period of Award: July 1, 2017	7 - June 20, 2018		be disseminated by KDE Program Contacts.	
	, , -				
12	Consortia/Partnership Memb	pers:			
13	Special Instructions/Conditio				
	50% payment to be made upon approval of contract with balance to be paid in the 3rd quarter contingent upon receipt of CDIP/District Expense Report				
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017	
	The state of the s	Division of Consolidated Plans & Audits			
		Division of Componentical Family & Family			

1			7	Fund Type:
	Agency Name Russellvi	lle Independent		State
	Street Address 355 S Su	mmer St	04	Federal
	City, State Zip Russellvi	mmer St lle, KY 42276		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>694</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAR 3:385	1	
-	Grant Ataliantity (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
_	David of Assessed, July 4, 2043	7 100 20 2010		Each program will be evaluated per specific program guidelines to
6	Period of Award: July 1, 2017	7 - June 20, 2018		be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb			
13	Special Instructions/Conditio			
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director	4	Date: July 1, 2017
		Division of Consolidated Plans & Audits		
		Division of Componential Contracts	No.	

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name Simpson	•		State	
	Street Address PO Box 4	KY 42135	04	Federal	
	City, State Zip Franklin,	KY 42135		Other:	
	DUNS# N/A				
			8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement	
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment	
		Glenna.Cummins@Education.Ky.Gov			
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum	
		x4346Kristin.Burton@Education.Ky.Gov			
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, Kentucky 40601			
			9	Reimbursement Frequency:	
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly	
	Description	FY18-Community Education Grant		Quarterly	
	Fund Source	General Funds		Other 1st and 3rd Quarters	
	CFDA#	N/A			
	PR/AWARD NUMBER (FAIN)	N/A			
	MUNIS Project Number	110D	10	Financial Reporting Method:	
	MOA Number	17*2 <mark>695</mark>		Electronic Submission CDIP	
	Pass-through Number	N/A			
				Other	
4	Grant Authority (Source): 70	4 KAR 3:385	1		
-	Grant Atlantonte, (Source). 70	Our			
5	Award Amount: \$20,000	Commonw	11	Evaluations:	
_	Davied of Assessed July 4, 2043	7 100 20 2010		Each program will be evaluated per specific program guidelines to	
6	Period of Award: July 1, 2017	7 - June 20, 2018		be disseminated by KDE Program Contacts.	
12	Consortia/Partnership Memb				
13	Special Instructions/Conditio				
	50% payment to be made upon approval of contract with balance to be paid in the 3rd quarter contingent upon receipt of CDIP/District Expense Report				
14	Authorized By (Name/Title):	Tara Rodriguez, Director	4	Date: July 1, 2017	
	The state of the s	Division of Consolidated Plans & Audits			
		Division of Componium Cu Finance Annuals			

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name Todd County			State	
	Street Address 205 Airp	ort Road	0.1	Federal	
	City, State Zip Elkton, K	ort Road YY 42220		Other:	
	DUNS# N/A				
			8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement	
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment	
		Glenna.Cummins@Education.Ky.Gov			
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum	
		x4346Kristin.Burton@Education.Ky.Gov			
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, Kentucky 40601			
			9	Reimbursement Frequency:	
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly	
	Description	FY18-Community Education Grant		Quarterly	
	Fund Source	General Funds		Other 1st and 3rd Quarters	
	CFDA#	N/A			
	PR/AWARD NUMBER (FAIN)	N/A			
	MUNIS Project Number	110D	10	Financial Reporting Method:	
	MOA Number	17*2 <mark>696</mark>		Electronic Submission CDIP	
	Pass-through Number	N/A			
				Other	
4	Grant Authority (Source): 70	4 KVD 3-382	1		
4	Grant Authority (Source). 70	Our			
5	Award Amount: \$20,000	Commonw	11	Evaluations:	
6	Davied of Assessed, July 4, 201	7. lune 20, 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.	
ь	Period of Award: July 1, 2017 - June 20, 2018			be disseminated by KDE Program Contacts.	
12	Consortia/Partnership Memb	pers:			
13	Special Instructions/Conditio				
	50% payment to be made upon approval of contract with balance to be paid in the 3rd quarter contingent upon receipt of CDIP/District Expense Report				
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017	
	radionized by (italic, inte).	Division of Consolidated Plans & Audits		200.70.7 2, 2027	
		Division of Consolidated Flans & Addits			

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name Trigg Cou	unty	The state of	State	
	Street Address 202 Mair	n St	2	Federal	
	City, State Zip Cadiz, KY	n St (42211 Pepar		Other:	
	DUNS# N/A				
			8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement	
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment	
		Glenna.Cummins@Education.Ky.Gov			
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum	
		x4346Kristin.Burton@Education.Ky.Gov			
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, Kentucky 40601			
	<u> </u>		9	Reimbursement Frequency:	
3	Description/Fund Source of A			Monthly	
	Description	FY18-Community Education Grant		Quarterly	
	Fund Source	General Funds		Other 1st and 3rd Quarters	
	CFDA#	N/A			
	PR/AWARD NUMBER (FAIN)	N/A			
	MUNIS Project Number	110D	10	Financial Reporting Method:	
	MOA Number	17*26 <mark>97</mark>		Electronic Submission CDIP	
	Pass-through Number	N/A			
				Other	
4	Grant Authority (Source): 70	4 KAR 3:385	1		
		Our Our			
5	Award Amount: \$20,000	Commonw	¹¹ a	Evaluations: Each program will be evaluated per specific program guidelines to	
6	Period of Award: July 1 2013	7 - June 20, 2018		be disseminated by KDE Program Contacts.	
	Period of Award: July 1, 2017 - June 20, 2018			, , , , , , , , , , , , , , , , , , , ,	
12	Consortia/Partnership Memb	pers:			
13	Special Instructions/Conditions:				
	50% payment to be made upon approval of contract with balance to be paid in the 3rd quarter contingent upon receipt of CDIP/District Expense Report				
14	Authorized By (Name/Title): Tara Rodriguez, Director Date: July 1, 2017			Date: July 1, 2017	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Division of Consolidated Plans & Audits			

1			7	Fund Type:
	Agency Name Trimble	County		State
	Street Address PO Box 2	275	04	Federal
	City, State Zip Bedford,	275 KY 40006		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>698</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 KAD 2:295	1	
4	Grant Authority (Source). 70	Our		
5	Award Amount: \$20,000	Commonw	11	Evaluations:
6	Dowland of Assessed, Judy 4, 2011	7. June 20, 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
ь	Period of Award: July 1, 2017 - June 20, 2018			be disseminated by KDE Program Contacts.
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio	ns:		
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017
14	Authorized by (Name/Title):	Division of Consolidated Plans & Audits		Date. July 1, 2017
		Division of Consolidated Fidns & Addits		-

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name Union County			State	
	Street Address 510 S Ma	art St	0.1	Federal	
	City, State Zip Morganf	ield, KY 42437		Other:	
	DUNS# N/A				
			8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement	
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment	
		Glenna.Cummins@Education.Ky.Gov			
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum	
		x4346Kristin.Burton@Education.Ky.Gov			
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, Kentucky 40601			
			9	Reimbursement Frequency:	
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly	
	Description	FY18-Community Education Grant		Quarterly	
	Fund Source	General Funds		Other 1st and 3rd Quarters	
	CFDA#	N/A			
	PR/AWARD NUMBER (FAIN)	N/A			
	MUNIS Project Number	110D	10	Financial Reporting Method:	
	MOA Number	17*2 <mark>699</mark>		Electronic Submission CDIP	
	Pass-through Number	N/A			
				Other	
4	Grant Authority (Source): 70	4 KAR 2:385	1		
_	Grant Additiontly (Source). 70	Our			
5	Award Amount: \$20,000	Commonw	11	Evaluations:	
6	Deviced of Assessed, July 4, 201	7 June 20, 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.	
ь	Period of Award: July 1, 2017 - June 20, 2018			be disseminated by KDE Program Contacts.	
12	Consortia/Partnership Members:				
13	Special Instructions/Conditions:				
	50% payment to be made upon approval of contract with balance to be paid in the 3rd quarter contingent upon receipt of CDIP/District Expense Report				
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017	
		Division of Consolidated Plans & Audits			
		The state of the s			

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Washington County			State
	Street Address 120 Mac	kville Hill Rd	0.1	Federal
	City, State Zip Springfie	eld, KY 40069		Other:
	DUNS# N/A			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment
		Glenna.Cummins@Education.Ky.Gov		
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum
		x4346Kristin.Burton@Education.Ky.Gov		
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, Kentucky 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18-Community Education Grant		Quarterly
	Fund Source	General Funds		Other 1st and 3rd Quarters
	CFDA#	N/A		
	PR/AWARD NUMBER (FAIN)	N/A		
	MUNIS Project Number	110D	10	Financial Reporting Method:
	MOA Number	17*2 <mark>700</mark>		Electronic Submission CDIP
	Pass-through Number	N/A		
				Other
4	Grant Authority (Source): 70	4 VAD 2,205	+	
4	Grant Authority (Source). 70	Uur		
5	Award Amount: \$20,000	Commonw	11 _a	Evaluations:
6	Period of Award: July 1, 2011	7 - June 20, 2018		
0	Period of Award: July 1, 2017 - June 20, 2018			be disseminated by RDE 110grain contacts.
12	Consortia/Partnership Members:			
13	Special Instructions/Conditio	ns:		
	50% payment to be made upo	on approval of contract with balance to be paid in the 3rd qu	arter co	ontingent upon receipt of CDIP/District Expense Report
	701100110			
14	Authorized By (Name/Title):			Date: July 1, 2017
		Division of Consolidated Plans & Audits		
6	Period of Award: July 1, 2017 - June 20, 2018		Ca	Each program will be evaluated per specific program guideline be disseminated by KDE Program Contacts.

1	Name and Address of Recipient:		7	Fund Type:		
	Agency Name Wayne 0	County		State		
	Street Address 534 Alba	iny Rd	0.4	Federal		
	City, State Zip Montice	llo, KY 42633		Other:		
	DUNS# N/A					
			8	Method of Payment:		
2	KDE Contact Information:			Federal Cash Request		
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement		
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment		
		Glenna.Cummins@Education.Ky.Gov				
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum		
		x4346Kristin.Burton@Education.Ky.Gov				
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor		
	City, KY Zip	Frankfort, Kentucky 40601				
			9	Reimbursement Frequency:		
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly		
	Description	FY18-Community Education Grant		Quarterly		
	Fund Source	General Funds		Other 1 st and 3 rd Quarters		
	CFDA#	N/A				
	PR/AWARD NUMBER (FAIN)	N/A				
	MUNIS Project Number	110D	10	Financial Reporting Method:		
	MOA Number	17*2 <mark>701</mark>		Electronic Submission CDIP		
	Pass-through Number	N/A				
				Other		
4	Grant Authority (Source): 70	4 VAD 2:20E				
4	Grant Authority (Source). 70	Our				
5	Award Amount: \$20,000	Commonw	¹¹ a	Evaluations: Each program will be evaluated per specific program guidelines to		
6	Period of Award: July 1, 201	7 June 20, 2019		be disseminated by KDE Program Contacts.		
0	Period of Award: July 1, 201	7 - June 20, 2018		be disseminated by RDE Frogram contacts.		
12	Consortia/Partnership Members:					
13	Special Instructions/Condition					
	50% payment to be made upon approval of contract with balance to be paid in the 3rd quarter contingent upon receipt of CDIP/District Expense Report					
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017		
	riamerized by (riamer fine).	Division of Consolidated Plans & Audits		200.00.1 2, 2027		
		Division of Consolidated Flans & Addits				

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name Webster County			State	
	Street Address 28 State	Rt 1340	0.1	Federal	
	City, State Zip Dixon, K	Rt 1340 Y 42409		Other:	
	DUNS# N/A				
			8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement	
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment	
		Glenna.Cummins@Education.Ky.Gov			
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum	
		x4346Kristin.Burton@Education.Ky.Gov			
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, Kentucky 40601			
			9	Reimbursement Frequency:	
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly	
	Description	FY18-Community Education Grant		Quarterly	
	Fund Source	General Funds		Other 1st and 3rd Quarters	
	CFDA#	N/A			
	PR/AWARD NUMBER (FAIN)	N/A			
	MUNIS Project Number	110D	10	Financial Reporting Method:	
	MOA Number	17*2 <mark>702</mark>		Electronic Submission CDIP	
	Pass-through Number	N/A			
				Other	
4	Grant Authority (Source): 70	4 KVD 3-382	1		
4	Grant Authority (Source). 70	Our			
5	Award Amount: \$20,000	Commonw	11	Evaluations:	
6	Deviced of Assessed, July 4, 201	7. lune 20, 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.	
ь	Period of Award: July 1, 2017 - June 20, 2018			be disseminated by KDE Program Contacts.	
12	Consortia/Partnership Memb	pers:			
13	Special Instructions/Conditio				
	50% payment to be made upon approval of contract with balance to be paid in the 3rd quarter contingent upon receipt of CDIP/District Expense Report				
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017	
	radionized by (italic, inte).	Division of Consolidated Plans & Audits		200.70.7 2, 2027	
		Division of Consolidated Flans & Addits			

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name Wolfe Co	ounty		State	
	Street Address PO Box 1	.60	0.1	Federal	
	City, State Zip Camptor	n, KY 41301		Other:	
	DUNS# N/A				
			8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement	
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment	
		Glenna.Cummins@Education.Ky.Gov			
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum	
		x4346Kristin.Burton@Education.Ky.Gov			
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, Kentucky 40601			
			9	Reimbursement Frequency:	
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly	
	Description	FY18-Community Education Grant		Quarterly	
	Fund Source	General Funds		Other 1st and 3rd Quarters	
	CFDA#	N/A			
	PR/AWARD NUMBER (FAIN)	N/A			
	MUNIS Project Number	110D	10	Financial Reporting Method:	
	MOA Number	17*2 <mark>703</mark>		Electronic Submission CDIP	
	Pass-through Number	N/A			
				Other	
4	Grant Authority (Source): 70	4 KAR 3:385	1		
7	Grant Additiontly (Source). 70	Our			
5	Award Amount: \$20,000	Commonw	11	Evaluations:	
6	Deviced of Assessed, July 4, 201	7. lune 20, 2019	-	Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.	
ь	Period of Award: July 1, 2017 - June 20, 2018			be disseminated by KDE Program Contacts.	
12	Consortia/Partnership Memb				
13	Special Instructions/Conditions:				
	50% payment to be made upon approval of contract with balance to be paid in the 3rd quarter contingent upon receipt of CDIP/District Expense Report				
14	Authorized By (Name/Title):	Tara Rodriguez, Director	4	Date: July 1, 2017	
	The state of the s	Division of Consolidated Plans & Audits			
		Division of Componential Contracts			

1			7	Fund Type:	
	Agency Name Woodfor	rd County		State	
	Street Address 330 Pisgs	ah Pk	04	Federal	
	City, State Zip Versaille	ah Pk s, KY 40383		Other:	
	DUNS# N/A				
			8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant	Glenna Cummins-502-564-1473 x4011		Expenditure Reimbursement	
	Street Address	300 Sower Boulevard-5 th Floor		Automatic Payment	
		Glenna.Cummins@Education.Ky.Gov			
	Budget Contact	Kristin Burton-502-564-1979		Lump Sum	
		x4346Kristin.Burton@Education.Ky.Gov			
	Street Address	300 Sower Boulevard-5 th Floor		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, Kentucky 40601			
	<u></u>		9	Reimbursement Frequency:	
3	Description/Fund Source of A			Monthly	
	Description	FY18-Community Education Grant		Quarterly	
	Fund Source	General Funds		Other 1st and 3rd Quarters	
	CFDA#	N/A			
	PR/AWARD NUMBER (FAIN)	N/A			
	MUNIS Project Number	110D	10	Financial Reporting Method:	
	MOA Number	17*27 <mark>04</mark>		Electronic Submission CDIP	
	Pass-through Number	N/A			
				Other	
4	Grant Authority (Source): 70	4 KAR 3:385			
_		Our Our			
5	Award Amount: \$20,000	Commonw	11	Evaluations:	
	David of Assault 1 1 4 222	7. 1 20. 2010	~~	Each program will be evaluated per specific program guidelines to	
6	Period of Award: July 1, 2017 - June 20, 2018			be disseminated by KDE Program Contacts.	
12	Consortia/Partnership Members:				
13	Special Instructions/Conditio				
	50% payment to be made upon approval of contract with balance to be paid in the 3rd quarter contingent upon receipt of CDIP/District Expense Report				
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: July 1, 2017	
	radionized by (italic, inte).	Division of Consolidated Plans & Audits		200.70.7 2, 2027	
		Division of Consolidated Flans & Addits			