1.	Name and Address of Recipient		/.	Fund Type:
	Agency Name:	Anderson County		⊠State
	Street Address:	1160 Bypass North	10	□Federal
	City, State, Zip:	Lawerenceburg, KY 40342		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		7 01 111		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		□Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3850		☑ Other: 1 st and 3 rd Quarters
_				230ther. 1 and 3 Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Financial Reporting Method:
_		A	10.	⊠ Electronic Submission: CDIP
5.	Award Amount:	\$141,600.00		Other:
_	Period of Award:	Luly 15t 2010 Luna 20th 2020		Editor.
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		O		
1	Special Instructions/Conditions: 1	ist quarter navment is held until district assurance state	teme	ents are completed correctly and submitted to KDE. 3 rd quarter payment
٠.	-	f mid-year requirements and receipt of properly repo		
	Should be held until completion of	Time year requirements and receipt of property repo	VE	
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
	, (,			

1.	Name and Address of Recipient		/.	Fund Type:
	Agency Name:	Ashland Independent		⊠State
	Street Address:	1820 Hickman St. P.O. Box 3000		□Federal
	City, State, Zip:	Ashland, KY 41105-3000		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	/ A	7 00000		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Encecipt of invoice from vendor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٥.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3853		☑ Other: 1 st and 3 rd Quarters
	l l			Other. 1" and 5" Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Financial Departing Mathed
			10.	Financial Reporting Method: Electronic Submission: CDIP
5.	Award Amount:	\$ <mark>94,40</mark> 0. <mark>00</mark>		
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June</mark> 30 th , 2020		
	Vi .			
		()11r		
1.	-			nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted	CDIP report.
		COMMINION	P	CHICAL /
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
		Keg and	2:	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Augusta Independent		⊠State
	Street Address:	307 Bracken St.	1	□Federal
	City, State, Zip:	Augusta, KY 41002		□Other:
2.	KDE Contact Information	(2)320		
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
	/ A	7 / 01 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Execupt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	Э.	Monthly
	MUNIS Project Number:	182F		
	MOA Number:	19*3859		Quarterly
	ľ			☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792	4.0	
			10.	Financial Reporting Method:
5.	Award Amount:	\$47,200. <mark>00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		Olle		
1.	Special Instructions/Conditions: 1	st quarter payment is held until district assurance sta	teme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMITTORY	VC	alul
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
			A	

1. Name and Address of Recipient	7. Fund Type:
Agency Name: Ballard County	⊠State
Street Address: 3465 Puducah Rd.	□Federal
City, State, Zip: Barlow, KY 42024	□Other:
2. KDE Contact Information	
Program Consultant: Whitney Hamilton	8. Method of Payment
Street Address: 300 Sower Blvd.	☐ Federal Cash Request
Budget Contact: Leesa Unger	☐ Expenditure Reimbursement
Street Address: 300 Sower Blvd.	
City, State Zip: Frankfort, KY 40601	□ Lump Sum
	Receipt of Invoice from Vendor
3. Description/Fun Source of Award and Fiscal Year:	Eneccipt of invoice from vehicle
Description: FY20 Read to Achieve Grant	9. Reimbursement Frequency:
Fund Source: General Fund	Monthly
MUNIS Project Number: 182F	Quarterly
MOA Number: 19*3860	☑ Other: 1st and 3rd Quarters
	Mother. 1" and 3" Quarters
4. Grant Authority (Source): KRS 158.792	10. Financial Reporting Method:
	☐ Electronic Submission: CDIP
5. Award Amount: \$47,200.00	
	□Other:
6. Period of Award: July 1 st , 2019 – June 30 th , 2020	
	1111°
	urance statements are completed correctly and submitted to KDE. 3 rd quarter payment
should be held until completion of mid-year requirements and receipt of pro	pperly reported CDIP report.
COMMIN	OHW Cartil
1. Authorized By (Name/Title): Krista Hall, Director of Program Standards	Date: June 24, 2019

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Barren County		⊠State
	Street Address:	202 W. Wshington St		□Federal
	City, State, Zip:	Glasgow, KY 42141		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		⊠ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		7 01 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Theceipt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٦.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3861		☑Other: 1 st and 3 rd Quarters
	li de la companya de			Mother: 14 and 37 Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Figure sight Description 84 at heads
			10.	Financial Reporting Method:
5.	Award Amount:	\$330,400 <mark>.00</mark>		☑ Electronic Submission: CDIP
				□Othe <mark>r:</mark>
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		0111		
1.				nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMINION	V	alti
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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		K&G B	A	

1.	Name and Address of Recipient		/.	Fund Type:
	Agency Name:	Bell County		⊠State
	Street Address:	211 Virginia Ave. P.O. Box 340	10	□Federal
	City, State, Zip:	Pineville, KY 40977		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	A A	3 / 64 44 4		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Execupt of invoice from vehicle
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	9.	Monthly
	MUNIS Project Number:	182F		
	MOA Number:	19*3862		☐ Quarterly ☐ Other: 1 st and 3 rd Quarters
	l l			Other: 1" and 3" Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Financial Deposition Mathedia
			10.	Financial Reporting Method:
5.	Award Amount:	\$ <mark>47,20</mark> 0. <mark>00</mark>		⊠ Electronic Submission: CDIP
				□ Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June</mark> 30 th , 2020		
		()11r		
1.	-			nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMINION		CHILLI /
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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		K C G G	V :	

Ι.	Name and Address of Recipient		7.	rund Type:
	Agency Name:	Boone County		⊠State
	Street Address:	8330 U.S. 42	1	□Federal
	City, State, Zip:	Florence, KY 41042		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	/ A	7 01 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Encept of invoice iron vendor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٥.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3863		☑ Other: 1 st and 3 rd Quarters
	In the second			Other. 1 and 3 Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Financial Reporting Method:
	_		10.	☑ Electronic Submission: CDIP
5.	Award Amount:	\$141,600 <mark>.00</mark>		Other:
_		and the second s		Dottler.
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
_		et		the state of the s
1.	-			ents are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rtea	CDIP report.
		COMMITTER		THE STATE OF THE S
	Authorized Du (Nove e /Title)	Weight Hall Discotory & December Chandrale		Date: Numa 24 2010
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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			2 :	

Ι.	Name and Address of Recipient		7.	rund Type:
	Agency Name:	Bourbon County		⊠State
	Street Address:	3343 Lexington Rd.	1	□Federal
	City, State, Zip:	Paris, KY 40361		□Other:
2.	KDE Contact Information	(2)90		
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.	-	□ Federal Cash Request
	Budget Contact:	Leesa Unger		□ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		Lump Sum
3.	Description/Fun Source of Award	and Fiscal Year:		Receipt of Invoice from Vendor
	Description:	FY20 Read to Achieve Grant	0	Beimburgen aut François
	Fund Source:	General Fund	9.	Reimbursement Frequency:
	MUNIS Project Number:	182F		Monthly
	MOA Number:	19*3864		Quarterly
				☑ Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792		
			10.	Financial Reporting Method:
5.	Award Amount:	\$ <mark>141</mark> ,600 <mark>.00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	July 1 st , 2019 – June 30 th , 2020		
		Our		
1.	Special Instructions/Conditions: 1	L st quarter payment is held until district assurance sta	teme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion or	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMINION	VC	alli A
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Bowling Green Ind.		⊠State
	Street Address:	1211 Center St.	Pi	□Federal
	City, State, Zip:	Bowling Green, KY 42101		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		7 7 7 7 7		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Theceipt of invoice from vehicle
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٥.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3865		☑Other: 1 st and 3 rd Quarters
				Mother: 1" and 3" Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Financial Depositing Mathed
			10.	Financial Reporting Method: Electronic Submission: CDIP
5.	Award Amount:	\$ <mark>94,400.00</mark>		
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June</mark> 30 th , 2020		
	_	()111		
1.				nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMITTORY		CHICAL AND
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
		T C C C C	25	4(0)

1.	Name and Address of Recipient		7.	runa Type:
	Agency Name:	Boyle County		⊠State
	Street Address:	352 N. Danville By-Pass		□Federal
	City, State, Zip:	Danville, KY 40422		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	/ A	7 00000		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Encoupt of invoice iron vendor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٥.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3866		☑ Other: 1 st and 3 rd Quarters
	In the second			Other. 1 and 3 Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Financial Reporting Method:
	_		10.	☑ Electronic Submission: CDIP
5.	Award Amount:	\$47,200. <mark>00</mark>		Other:
_		ort		Dottler.
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
_		et		the state of the s
1.	-			ents are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	mid-year requirements and receipt of properly repo	rtea	CDIP report.
		COMMITTEE		CALCAL /
	Authorized Du (Nove e /Title)	Wisto Hall Discotor of December Characterists		Date: Nurs 24 2010
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
			2 3	4(0)

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Breathitt County		⊠State
	Street Address:	420 Court St. P.O Box		□Federal
	City, State, Zip:	Jackson, KY 41339		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	/ A	7 / 01 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Theceipt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	9.	Monthly
	MUNIS Project Number:	182F		
	MOA Number:	19*3867		Quarterly
	ľ			☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792	4.0	
			10.	Financial Reporting Method:
5.	Award Amount:	\$ <mark>141,600.00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		Olle		
1.	Special Instructions/Conditions: 1	st quarter payment is held until district assurance sta	teme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMITTORY	VC	alul
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Bullitt County		⊠State
	Street Address:	1040 Hwy 44 E		□Federal
	City, State, Zip:	Shepherdsville, KY 40165		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		7 01 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Theceipt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٦.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3868		☑ Other: 1 st and 3 rd Quarters
	li de la companya de			Other: 1" and 3" Quarters
4.	Grant Authority (Source):	KRS 158.792	40	Financial Deposition Mathed
			10.	Financial Reporting Method:
5.	Award Amount:	\$ <mark>424,800.00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		0111		
1.				nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMINION	PE	altil
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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		K&G A	A	

Ι.	Name and Address of Recipient		7.	runa Type:
	Agency Name:	Burgin Independent		⊠State
	Street Address:	140 Danville Rd. P.O. Box B	1	□Federal
	City, State, Zip:	Burgin, KY 40310		□Other:
2.	KDE Contact Information	6380		
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.	0.	□ Federal Cash Request
	Budget Contact:	Leesa Unger		□ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		·
	A A			Lump Sum
3.	Description/Fun Source of Award	and Fiscal Year:		Receipt of Invoice from Vendor
	Description:	FY20 Read to Achieve Grant		
	Fund Source:	General Fund	9.	Reimbursement Frequency:
	MUNIS Project Number:	182F		Monthly
	MOA Number:	19*3869		Quarterly
	ji da ka			☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792		
			10.	Financial Reporting Method:
5.	Award Amount:	\$47,200. <mark>00</mark>		☑ Electronic Submission: CDIP
				Other:
6.	Period of Award:	July 1 st , 2019 – June 30 th , 2020		
		0110		
1.	Special Instructions/Conditions: 1	L st quarter payment is held until district assurance sta	teme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion or	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMITTORY	VC	alui A
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019

1.	Name and Address of Recipient		/.	Fund Type:		
	Agency Name:	Calloway County		⊠State		
	Street Address:	2110 College Farm Rd P.O. Box 800		□Federal		
	City, State, Zip:	Murray, KY 42071		□Other:		
		AVS				
2.	KDE Contact Information					
	Program Consultant:	Whitney Hamilton	8.	Method of Payment		
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request		
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement		
	Street Address:	300 Sower Blvd.				
	City, State Zip:	Frankfort, KY 40601		□Lump Sum		
_		- C1 - 1 1		Receipt of Invoice from Vendor		
3.	Description/Fun Source of Award					
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:		
	Fund Source:	General Fund		Monthly		
	MUNIS Project Number:	182F		Quarterly		
	MOA Number:	19*3870		☑ Other: 1 st and 3 rd Quarters		
	Cuant Authority (Causes)	KDC 450 703				
4.	Grant Authority (Source):	KRS 158.792	10.	Financial Reporting Method:		
_	Award Amount:	\$141,600.00		☑ Electronic Submission: CDIP		
5.	Award Amount:	\$141,600.00		Other:		
6.	Period of Award:	July 1 st , 2019 – June 30 th , 2020				
υ.	relied of Award.	July 1 , 2015 Julie 30 , 2020				
1.	Special Instructions/Conditions: 1	L st quarter payment is held until district assurance stat	teme	ents are completed correctly and submitted to KDE. 3 rd quarter payment		
	-	f mid-year requirements and receipt of properly repor				
	·	COMMINION	VC	aith A		
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019		
		Educa	1			
		AUT TO A				

1.	Name and Address of Recipient	Council of County	7.	Fund Type:
	Agency Name:	Campbell County		State
	Street Address:	101 Orchard Ln		Federal
	City, State, Zip:	Akexandria, KY 41001		□Other:
2.	KDE Contact Information			700
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.	ο.	□ Federal Cash Request
	Budget Contact:	Leesa Unger		
	Street Address:	300 Sower Blvd.		Expenditure Reimbursement
	City, State Zip:	Frankfort, KY 40601		Automatic Payment
	, , , , , , , , , , , , , , , , , , ,			Lump Sum
3.	Description/Fun Source of Award	and Fiscal Year:		Receipt of Invoice from Vendor
	Description:	FY20 Read to Achieve Grant		
	Fund Source:	General Fund	9.	Reimbursement Frequency:
	MUNIS Project Number:	182F		Monthly
	MOA Number:	19*3871		Quarterly
	f and the second			☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792		
			10.	Financial Reporting Method:
5.	Award Amount:	\$94,400. <mark>00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	July 1 st , 2019 – June 30 th , 2020		
		0111		
1.	Special Instructions/Conditions: 1	st quarter payment is held until district assurance sta	teme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMINION	VC	altil
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
		Ker a	A	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Campbellsville Ind		⊠State
	Street Address:	136 S. Columbia Ave.	1	□Federal
	City, State, Zip:	Campbellsville, KY 42718		□ Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		Lump Sum
	/ A	3 / 54 44 4		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Theceipt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	0	Poimbursoment Fraguency
	Fund Source:	General Fund	9.	Reimbursement Frequency:
	MUNIS Project Number:	182F		Monthly
	MOA Number:	19*3855		Quarterly
				☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792		
			10.	Financial Reporting Method:
5.	Award Amount:	\$47,200. <mark>00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	July 1 st , 2019 – June 30 th , 2020		
		Our		
1.	Special Instructions/Conditions: 1	st quarter payment is held until district assurance sta	teme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
	-	f mid-year requirements and receipt of properly repo		
	·	COMMINION	VC	ann a
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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Ι.	Name and Address of Recipient		7.	rund Type:
	Agency Name:	Carlisle County		⊠State
	Street Address:	4557 State Rt. 1377	1	□Federal
	City, State, Zip:	Bardwell, KY 42023		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		□ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		Lump Sum
				Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Execupt of invoice from vendor
	Description:	FY20 Read to Achieve Grant	0	Reimbursement Frequency:
	Fund Source:	General Fund	9.	
	MUNIS Project Number:	182F		Monthly
	MOA Number:	19*3872		Quarterly
				☑ Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792		
			10.	Financial Reporting Method:
5.	Award Amount:	\$47,200. <mark>00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		01110		
1.	Special Instructions/Conditions: 1	L st quarter payment is held until district assurance sta	teme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion o	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMINION	VC	altil
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
			71	

1.	Name and Address of Recipient		/.	Fund Type:
	Agency Name:	Carter County		⊠State
	Street Address:	228 S. Carol Malone Blvd.		□Federal
	City, State, Zip:	Grayson, KY 41143		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	/ 4	7 01 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			The ceipt of invoice from vehicle
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٦.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3873		☑ Other: 1 st and 3 rd Quarters
	l l			Other: 1" and 3" Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Since sial Reporting Mathed
			10.	Financial Reporting Method: Electronic Submission: CDIP
5.	Award Amount:	\$ <mark>283,2</mark> 00 <mark>.00</mark>		
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June</mark> 30 th , 2020		
	V.			
		()11r		
1.	-			nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMISSION		CHICAL
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
		K&G A	1	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Casey County		⊠State
	Street Address:	1922 N. US 127		□Federal
	City, State, Zip:	Liberty, KY 42539		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
	/ A	7 / 22 22 2		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Execupt of invoice from vehicle
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	Э.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3874		
				☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792	4.0	
			10.	Financial Reporting Method:
5.	Award Amount:	\$ <mark>47,2</mark> 00. <mark>00</mark>		☑ Electronic Submission: CDIP
				□Othe <mark>r:</mark>
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		Our		
1.	Special Instructions/Conditions: 1	st quarter payment is held until district assurance sta	teme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMITTORY	VC	alul
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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		7011100		

Ι.	Name and Address of Recipient		7.	runa Type:
	Agency Name:	Caverna Independent		⊠State
	Street Address:	1102 N. Dixie Hwy		□Federal
	City, State, Zip:	Cave City, KY 42127		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
	/ A	7 01 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٥.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3875		☑ Other: 1 st and 3 rd Quarters
				Some I. I and 5 Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Financial Reporting Method:
_		447.000.00	10.	⊠ Electronic Submission: CDIP
5.	Award Amount:	\$47,200.00		Other:
_		LL 45t 2040 LL 20th 2020		Dottler.
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
1.	Special Instructions/Conditions: 1	st quarter nayment is held until district assurance state	tama	nts are completed correctly and submitted to KDE. 3 rd quarter payment
1.	-	f mid-year requirements and receipt of properly repo		
	should be field diffil completion of	Tilla year requirements and receipt of property repo	tea	icport.
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
				2333

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Christian County		⊠State
	Street Address:	200 Glass St. P.O. Box 609		□Federal
	City, State, Zip:	Hopkinsville, KY 42240		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		7 01 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Theceipt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	Э.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3876		
				☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792	4.0	er 110 or 110 or
			10.	Financial Reporting Method:
5.	Award Amount:	\$ <mark>283,200.00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		0111		
1.				nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMINION	PE	altil
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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		K&G A	A	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Clark County		⊠State
	Street Address:	1600 W. Lexington Ave		□Federal
	City, State, Zip:	Winchester, KY 40391		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		7 01 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Theceipt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٦.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3877		☑Other: 1 st and 3 rd Quarters
	li de la companya de			Mother: 1" and 3" Quarters
4.	Grant Authority (Source):	KRS 158.792	40	Financial Deposition Mathed
			10.	Financial Reporting Method:
5.	Award Amount:	\$94,400. <mark>00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		0111		
1.				nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMINION	PE	altil
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Clay County		⊠State
	Street Address:	128 Richmond Rd.		□Federal
	City, State, Zip:	Manchester, KY 40962		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□ Lump Sum
	/ 4	7 / 01 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			The ceipe of invoice from vendor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٥.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3878		☑ Other: 1 st and 3 rd Quarters
	The state of the s			Mother. 1 and 3 Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Financial Reporting Method:
			10.	Electronic Submission: CDIP
5.	Award Amount:	\$330,400.00		
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June</mark> 30 th , 2020		
	Ve .			
		()11r		
1.				nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMINION		CHELLE
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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			7:	4(0)

Τ.	Name and Address of Recipient		7.	rund Type:
	Agency Name:	Clinton County		⊠State
	Street Address:	2353 Business, 127 North	1	□Federal
	City, State, Zip:	Albany, KY 42602		□Other:
				340-
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		□ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	/ A	3 / 64 44 4		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Receipt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	9.	
	MUNIS Project Number:	182F		Monthly
	MOA Number:	19*3879		Quarterly
	ľ			☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792	4.0	
			10.	Financial Reporting Method:
5.	Award Amount:	\$47,200. <mark>00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		01110		
1.				nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	orted (CDIP report.
		COMMINGIV	PL	alli
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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Ι.	Name and Address of Recipient		7.	rund Type:
	Agency Name:	Corbin Independent		⊠State
	Street Address:	108 Roy Kidd	10	□Federal
	City, State, Zip:	Corbin, KY 40701		□Other:
2.	KDE Contact Information	(2)30		
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		□ Federal Cash Request
	Budget Contact:	Leesa Unger		□ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		△ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		Lump Sum
3.	Description/Fun Source of Award	and Fiscal Year:		Receipt of Invoice from Vendor
	Description:	FY20 Read to Achieve Grant	0	Beimburgen aut François
	Fund Source:	General Fund	9.	Reimbursement Frequency:
	MUNIS Project Number:	182F		Monthly
	MOA Number:	19*3880		Quarterly
				☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792		
			10.	Financial Reporting Method:
5.	Award Amount:	\$ <mark>47,2</mark> 00. <mark>00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		01110		
1.				nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted	CDIP report.
	No.	COMMITTORY	PE	altil
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Covington Independent		⊠State
	Street Address:	25 E. Seventh St		□Federal
	City, State, Zip:	Covington, KY 41011		□Other:
2.	KDE Contact Information	(2)30		
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	/ 4	7 01 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			The copy of invoice from vehicle
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٥.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3881		☑Other: 1 st and 3 rd Quarters
	The state of the s			Mother: 1 and 3 Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Financial Reporting Method:
			10.	Electronic Submission: CDIP
5.	Award Amount:	\$ <mark>141,600.00</mark>		Other:
				Dotner:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		()111°		
1.				nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMITTORY		CHICAL /
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Crittenden County		⊠State
	Street Address:	601 W. Elm St		□Federal
	City, State, Zip:	Marion, KY 42064		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		7 / 01 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Theceipt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	Э.	Monthly
	MUNIS Project Number:	182F		
	MOA Number:	19*3882		Quarterly
	ľ			☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792	4.0	ET 110 (1 44 (1 1
			10.	Financial Reporting Method:
5.	Award Amount:	\$47,200. <mark>00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	July 1 st , 2019 – June 30 th , 2020		
		0111		
1.				nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMINGIV	PE	altil
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Cumberland County		⊠State
	Street Address:	810 N. Main St		□Federal
	City, State, Zip:	Burkesville, KY 42717		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		7 01 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Theceipt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	Э.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3883		☑ Other: 1 st and 3 rd Quarters
				Other: 1" and 3" Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Financial Departure Mathed
			10.	Financial Reporting Method:
5.	Award Amount:	\$47,200. <mark>00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		0111		
1.				nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMINION	VC	altit
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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1.	Name and Address of Recipient		/.	Fund Type:
	Agency Name:	Danville Independent		⊠State
	Street Address:	152 E. Martin Luther King Blvd.		□Federal
	City, State, Zip:	Danville, KY 40422		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	/ A	7 7 7 7 7 7		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		The ceipt of invoice from vendor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٦.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3884		☑ Other: 1 st and 3 rd Quarters
				Other: 1" and 3" Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Singuisial Reporting Mathed
			10.	Financial Reporting Method:
5.	Award Amount:	\$ <mark>47,20</mark> 0. <mark>00</mark>		⊠ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June</mark> 30 th , 2020		
		()111°		
1.	-			ents are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted	CDIP report.
		Common		alli
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
		19		
		Tel G	1	ion
		36100		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Daviess County		⊠State
	Street Address:	1622 Southeastern Pkwy., P.O. Box		□Federal
	21510			□Other:
	City, State, Zip:	Owensboro, KY 42304		
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Whitney Hamilton		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		☐ Expenditure Reimbursement
	Budget Contact:	Leesa Unger		
	Street Address:	300 Sower Blvd.		Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children		Execupt of invoice from vehicor
3.	Description/Fun Source of Award	and Fiscal Year:	9.	Reimbursement Frequency:
	Description:	FY20 Read to Achieve Grant	9.	Monthly
	Fund Source:	General Fund		·
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3885		☑Other: 1 st and 3 rd Quarters
			4.0	
4.	Grant Authority (Source):	KRS 158. <mark>792</mark>	10.	Financial Reporting Method:
				☐ Electronic Submission: CDIP
5.	Award Amount:	\$236,000.00		□Othe <mark>r:</mark>
6.	Period of Award:	July 1 st , 2019 – June 30 th , 2020		
		One		
		Our		
1.	Special Instructions/Conditions: 1	st quarter payment is held until district assurance star	teme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	mid-year requirements and receipt of properly repo	rted (CDIP report.
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
		Rel		3011

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Elliott County		⊠State
	Street Address:	Main St, Courthouse Square, P.O. Box	1	□Federal
	767			□Other:
	City, State, Zip:	Sandy Hook, KY 41171		
	KDE Contact Information Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Description/Fun Source of Award Description: Fund Source:	Whitney Hamilton 300 Sower Blvd. Leesa Unger 300 Sower Blvd. Frankfort, KY 40601 and Fiscal Year: FY20 Read to Achieve Grant General Fund	9.	Method of Payment ☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor Reimbursement Frequency: ☐ Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3886		☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792	10.	Financial Reporting Method: ⊠ Electronic Submission: CDIP
5.	Award Amount:	\$94,400.00		Other:
6.	Period of Award:	July 1 st , 2019 – June 30 th , 2020		
		Our		
1.	The state of the s	st quarter payment is held until district assurance sta mid-year requirements and receipt of properly repo		nts are completed correctly and submitted to KDE. 3 rd quarter payment CDIP report.
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
		Educa	t	1011

Ι.	Name and Address of Recipient		7.	rund Type:
	Agency Name:	Estill County		⊠State
	Street Address:	253 Main St, P.O. Box 930	1	□Federal
	City, State, Zip:	Irvine, KY 40336		□Other:
2.	KDE Contact Information	(2) 92		
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		□ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		Lump Sum
3.	Description/Fun Source of Award	and Fiscal Year:		Receipt of Invoice from Vendor
	Description:	FY20 Read to Achieve Grant	0	Deine house many francourant
	Fund Source:	General Fund	9.	Reimbursement Frequency:
	MUNIS Project Number:	182F		Monthly
	MOA Number:	19*3887		Quarterly
	ji da karana karan			☑ Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792		
			10.	Financial Reporting Method:
5.	Award Amount:	\$47,200. <mark>00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	July 1 st , 2019 – June 30 th , 2020		
		Our		
1.	Special Instructions/Conditions: 1	Lst quarter payment is held until district assurance sta	teme	ents are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted	CDIP report.
		COMMINION	VC	ailli A
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
		7111111111		

1.	Name and Address of Recipient		7.	runa Type:
	Agency Name:	Fayette County		⊠State
	Street Address:	701 E. Main St		□Federal
	City, State, Zip:	Lexington, KY 40505		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	/ A	7 00000		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Encoupt of invoice iron vendor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٥.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3888		☑ Other: 1 st and 3 rd Quarters
	In the second			Other. 1 and 3 Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Financial Reporting Method:
	_		10.	☑ Electronic Submission: CDIP
5.	Award Amount:	\$1,227,200.00		Other:
_		and the second s		Dottler.
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
_		et		the state of the s
1.	-			ents are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rtea	CDIP report.
		COMMITTER		CALCAL /
	Authorized Du (Nove e /Title)	Weight Hall Discotory & December Chandrale		Date: Nurs 24 2010
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
			2 :	

1.	Name and Address of Recipient		7.	runa Type:
	Agency Name:	Fleming County		⊠State
	Street Address:	211 W. Water St.		□Federal
	City, State, Zip:	Flemingsburg, KY 41041		□Other:
2.	KDE Contact Information	(2)30		
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
	/ A	7 01 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٠.	□Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3889		☑ Other: 1 st and 3 rd Quarters
_				Source: 1 and 5 Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Financial Reporting Method:
_		A = 000 00	10.	☑ Electronic Submission: CDIP
5.	Award Amount:	\$47,200.00		Other:
_		L L 4St 2040 L 20th 2020		Dottler.
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
1	Special Instructions/Conditions: 1	st quarter nayment is held until district assurance sta	tama	ints are completed correctly and submitted to KDE. 3 rd quarter payment
1.	-	mid-year requirements and receipt of properly repo		
	should be field diffil completion of	Thid year requirements and receipt or property repo	rteu (report.
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
	The state of the s			3313 11, 2323
		TI ITALIA		

1.	Name and Address of Recipient		7.	runa Type:
	Agency Name:	Floyd County		⊠State
	Street Address:	106 N. Front Ave.		□Federal
	City, State, Zip:	Prestonsburg, KY 41653		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	/ A	7 00000		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Encept of invoice iron vendor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٥.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3890		☑ Other: 1 st and 3 rd Quarters
				Other. 1 and 3 Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Financial Reporting Method:
_		4	10.	☑ Electronic Submission: CDIP
5.	Award Amount:	\$188,800 <mark>.00</mark>		Other:
_		. Last coase a coath coase		Dottler.
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		st		at a second at a second at the
1.	-			onts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be neid until completion of	f mid-year requirements and receipt of properly repo	rtea	CDIP report.
		COMMINGATION		The state of the s
	Authorized By (Name /Title).	Krista Hall Divestor of Draguero Chandanda		Date: June 24, 2010
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
		1917		
			2 7	40

1.	Name and Address of Recipient		/.	Fund Type:
	Agency Name:	Franklin County		⊠State
	Street Address:	190 Kings Daughters Dr. #300		□Federal
	City, State, Zip:	Franfort, KY 40601		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	/ A	7 7 7 7 7		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		The ceipt of invoice from vendor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٦.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3891		☑ Other: 1 st and 3 rd Quarters
	l l			Other: 1" and 3" Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Singuisial Reporting Mathed
			10.	Financial Reporting Method:
5.	Award Amount:	\$ <mark>188,800.00</mark>		⊠ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June</mark> 30 th , 2020		
		()111°		
1.	-			ents are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	mid-year requirements and receipt of properly repo	rted	CDIP report.
		COMMITTORY		and the same of th
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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		K C G G	1	ion

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Gallatin County		⊠State
	Street Address:	75 Boardwalk	1	□Federal
	City, State, Zip:	Warsaw, KY 41095		□ Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		Lump Sum
	A A	3 / 54 44 4		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Theceipt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	0	Poimbursoment Fraguency
	Fund Source:	General Fund	9.	Reimbursement Frequency:
	MUNIS Project Number:	182F		Monthly
	MOA Number:	19*3892		Quarterly
				☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792		
			10.	Financial Reporting Method:
5.	Award Amount:	\$47,200. <mark>00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	July 1 st , 2019 – June 30 th , 2020		
		Our		
1.	Special Instructions/Conditions: 1	st quarter payment is held until district assurance sta	teme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
	-	f mid-year requirements and receipt of properly repo		
		COMMINION	VC	ann a
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Garrad County		⊠State
	Street Address:	322 W. Maple Ave	10	□Federal
	City, State, Zip:	Lancaster, KY 40444		□Other:
2.	KDE Contact Information	Co		90-
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	/ A	7 / 61 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Theceipt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	Э.	Monthly
	MUNIS Project Number:	182F		·
	MOA Number:	19*3893		Quarterly
				☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792		
			10.	Financial Reporting Method:
5.	Award Amount:	\$141,600 <mark>.00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	July 1 st , 2019 – June 30 th , 2020		
		O san		
1.	Special Instructions/Conditions: 1	Lst quarter payment is held until district assurance sta	teme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
		f mid-year requirements and receipt of properly repo		
		COMMISSION	VC	alli America
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Graves County		⊠State
	Street Address:	2290 State Route 121 N.		□Federal
	City, State, Zip:	Mayfield, KY 42066		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
	/ A	7 7 7 7 7 7		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Execupt of invoice from vehicle
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	Э.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3894		
				☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792	4.0	
			10.	Financial Reporting Method:
5.	Award Amount:	\$47,200. <mark>00</mark>		☑ Electronic Submission: CDIP
				□Othe <mark>r:</mark>
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		0111		
1.	Special Instructions/Conditions: 1	st quarter payment is held until district assurance star	teme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMINION	VC	alul
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
			A	

1.	Name and Address of Recipient		/.	Fund Type:
	Agency Name:	Grayson County		⊠State
	Street Address:	790 Shaw Station Rd., P.O. Box 4009		□Federal
	City, State, Zip:	Leitchfield, KY 42754		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	/ A	7 7 7 7 7 7		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Theceipt of invoice from vehicle
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	Э.	Monthly
	MUNIS Project Number:	182F		·
	MOA Number:	19*3895		Quarterly
	r e			☑ Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Financial Department Matheads
			10.	Financial Reporting Method:
5.	Award Amount:	\$ <mark>141,600.00</mark>		⊠ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		0111		
1.	-			nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		Commony	PC	alli
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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		36100		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Green County		⊠State
	Street Address:	402 East Hodgensville Ave., P.O. Box		□Federal
	369			□Other:
	City, State, Zip:	Greensburg, KY 42743		
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Whitney Hamilton		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		☐ Expenditure Reimbursement
	Budget Contact:	Leesa Unger		■ Automatic Payment
	Street Address:	300 Sower Blvd.		Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children		The ceipt of filvoice from vehicor
3.	Description/Fun Source of Award	and Fiscal Year:	9.	Reimbursement Frequency:
	Description:	FY20 Read to Achieve Grant	9.	
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3896		☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792	10.	Financial Reporting Method:
				☑ Electronic Submission: CDIP
5.	Award Amount:	\$47,200.00		□Othe <mark>r:</mark>
6.	Period of Award:	July 1 st , 2019 – June 30 th , 2020		
		Out.		
		Oui		
1.	Special Instructions/Conditions: 1	st quarter payment is held until district assurance star	teme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
	- View	mid-year requirements and receipt of properly repo		
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Hancock County		⊠State
	Street Address:	83 State Rt. 3543		□Federal
	City, State, Zip:	Hawesville, KY 42348		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		7 01 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Theceipt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٦.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3897		
				☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792	4.0	er 110 or 110 or
			10.	Financial Reporting Method:
5.	Award Amount:	\$47,200. <mark>00</mark>		☑ Electronic Submission: CDIP
				□Othe <mark>r:</mark>
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
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		0111		
1.				nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMINION	VC	altit
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
		KAG A	A	

Agency Name: Hardin County	
Street Address: 65 W.A. Jenkins Rd.	
City, State, Zip: Elizabethtown, KY 42701 □Other:	
2. KDE Contact Information	
Program Consultant: Whitney Hamilton 8. Method of Payment	
Street Address: 300 Sower Blvd. Federal Cash Request	
Budget Contact: Leesa Unger Expenditure Reimbursement	
Street Address: 300 Sower Blvd.	
City, State Zip: Frankfort, KY 40601	
Receipt of Invoice from Vendor	
3. Description/Fun Source of Award and Fiscal Year:	
Description: FY20 Read to Achieve Grant 9. Reimbursement Frequency:	
Flind Source. (Jeneral Flind	
MUNIS Project Number: 182F	
MOA Number: 19*3898	
☑Other: 1 st and 3 rd Quarters	
4. Grant Authority (Source): KRS 158.792	
10. Financial Reporting Method:	
5. Award Amount: \$47,200.00 \square Electronic Submission: CDIP	
□Other:	
6. Period of Award: July 1 st , 2019 – June 30 th , 2020	
1. Special Instructions/Conditions: 1 st quarter payment is held until district assurance statements are completed correctly and submitted to h	o KDE. 3 rd guarter payment
should be held until completion of mid-year requirements and receipt of properly reported CDIP report.	,
Commonwealth	
1. Authorized By (Name/Title): Krista Hall, Director of Program Standards Date: June 24, 2019	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Harlan County		⊠State
	Street Address:	251 Ball Park Rd.	10	□Federal
	City, State, Zip:	Harlan, KY 40831		□ Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
	/ A	7 / 22 22 2		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Theceipt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	Э.	Monthly
	MUNIS Project Number:	182F		
	MOA Number:	19*3899		Quarterly
	ľ			☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792	4.0	
			10.	Financial Reporting Method:
5.	Award Amount:	\$ <mark>141,</mark> 60 <mark>0.00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		Our		
1.	Special Instructions/Conditions: 1	st quarter payment is held until district assurance sta	teme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMINION	VC	alui A
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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Agency Name: Harlan Independent ⊠State	
Street Address: 420 E. Central St. □ Federal	
City, State, Zip: Harlan, KY 40831 □Other:	
2. KDE Contact Information	
Program Consultant: Whitney Hamilton 8. Method of Payment	
Street Address: 300 Sower Blvd. □ Federal Cash Request	
Budget Contact: Leesa Unger Expenditure Reimbursement	
Street Address: 300 Sower Blvd.	
City, State Zip: Frankfort, KY 40601	
Receipt of Invoice from Vendor	
3. Description/Fun Source of Award and Fiscal Year:	
Description: FY20 Read to Achieve Grant 9. Reimbursement Frequency:	
Fund Source: General Fund	
MUNIS Project Number: 182F	
MOA Number: 19*3900 ⊠Other: 1st and 3rd Quarters	
4. Grant Authority (Source): KRS 158.792 10. Financial Reporting Method:	
MEL Chi CDID	
5. Award Amount. \$47,200.00	
□Other:	
6. Period of Award: July 1 st , 2019 – June 30 th , 2020	
()11r	
1. Special Instructions/Conditions: 1 st quarter payment is held until district assurance statements are completed correctly and submitted to KI	(DE. 3 rd quarter payment
should be held until completion of mid-year requirements and receipt of properly reported CDIP report.	
Continuonvealen	
1. Authorized By (Name/Title): Krista Hall, Director of Program Standards Date: June 24, 2019	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Harrison County		⊠State
	Street Address:	308 Webster Ave		□Federal
	City, State, Zip:	Cynthiana, KY 41031		□Other:
2.	KDE Contact Information	(2)30		
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
	A A	3 / 64 44 4		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Theceipt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	Э.	Monthly
	MUNIS Project Number:	182F		
	MOA Number:	19*3901		Quarterly
	ľ			☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792	4.0	
			10.	Financial Reporting Method:
5.	Award Amount:	\$ <mark>141,600.00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		Olle		
1.	Special Instructions/Conditions: 1	st quarter payment is held until district assurance sta	teme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMITTORY	VC	alli
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Hart County		⊠State
	Street Address:	25 Quality Street		□Federal
	City, State, Zip:	Munfordville, KY 42765		□Other:
2.	KDE Contact Information	(2)30		
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
	/ A	7 01 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Execupt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	Э.	Monthly
	MUNIS Project Number:	182F		
	MOA Number:	19*3902		Quarterly
	ľ			☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792	4.0	
			10.	Financial Reporting Method:
5.	Award Amount:	\$188,800 <mark>.00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		Olle		
1.	Special Instructions/Conditions: 1	st quarter payment is held until district assurance sta	teme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMITTORY	VC	alul
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
		RAGE L	A	

1.	Name and Address of Recipient		/.	Fund Type:
	Agency Name:	Hazard Independent		⊠State
	Street Address:	705 Main St.	10	□Federal
	City, State, Zip:	Hazard, KY 41701		□Other:
2.	KDE Contact Information	6.30		
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	A A	3 / 51 41		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Execupt of invoice from vehicle
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	Э.	Monthly
	MUNIS Project Number:	182F		
	MOA Number:	19*3903		Quarterly
	ľ			☑ Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792	4.0	F1 1 1 1 2 11 14 11 1
			10.	Financial Reporting Method:
5.	Award Amount:	\$ <mark>47,200.<mark>00</mark></mark>		☑ Electronic Submission: CDIP
				□ Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		0111		
1.	-			nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		Common		allie
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
		19		
		Ker a	1	

1.	Name and Address of Recipient		/.	Fund Type:
	Agency Name:	Henderson County		⊠State
	Street Address:	1805 Second St.		□Federal
	City, State, Zip:	Henderson, KY 42420		□Other:
2.	KDE Contact Information	Cisco		
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
	/ A	7 01 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Zine del provinto de la companya de
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٠.	□Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3904		☑ Other: 1 st and 3 rd Quarters
				Source: 1 and 5 Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Financial Reporting Method:
_		447 200 00	-0.	☑ Electronic Submission: CDIP
5.	Award Amount:	\$47,200.00		Other:
_	Davied of Asserts	Luly 15t 2010 Lune 20th 2020		Eduler.
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		O		
1.	Special Instructions/Conditions: 1	st quarter nayment is held until district assurance state	teme	ents are completed correctly and submitted to KDE. 3 rd quarter payment
		mid-year requirements and receipt of properly repo		
	5	Committolity	VE	alul /
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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1.	Name and Address of Recipient		7.	runa Type:
	Agency Name:	Henry County		⊠State
	Street Address:	326 S. Main St.		□Federal
	City, State, Zip:	New Castle, KY 40050		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	/ A	7 00000		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Encoupt of invoice iron vendor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٥.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3905		☑ Other: 1 st and 3 rd Quarters
	In the second			Other. 1 and 3 Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Financial Reporting Method:
	_		10.	☑ Electronic Submission: CDIP
5.	Award Amount:	\$141,600 <mark>.00</mark>		Other:
_				Dottler.
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
_		et		the state of the s
1.	-			ents are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	mid-year requirements and receipt of properly repo	rtea	CDIP report.
		COMMITTEE		CALCAL /
	Authorized Du (Nove e /Title)	Wisto Hall Discotor of December Characterists		Date: Nurs 24 2010
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
			2 :	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Jackson County		⊠State
	Street Address:	3331 Hwy 421 South		□Federal
	City, State, Zip:	McKee, KY 40447		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		7 / 22 22 2		□ Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Execupt of invoice from vehicle
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	9.	Monthly
	MUNIS Project Number:	182F		
	MOA Number:	19*3806		Quarterly
				☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792		
			10.	Financial Reporting Method:
5.	Award Amount:	\$ <mark>141,</mark> 60 <mark>0.00</mark>		☐ Electronic Submission: CDIP
				□Othe <mark>r:</mark>
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		Out of		
1.	Special Instructions/Conditions: 1	st quarter payment is held until district assurance sta	teme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMINION		alli A
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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		701100		

Ι.	Name and Address of Recipient		7.	runa Type:
	Agency Name:	Jefferson County		⊠State
	Street Address:	3332 Newburg Rd P.O. Box 34020	1	□Federal
	City, State, Zip:	Lousiville, KY 40232		□Other:
2.	KDE Contact Information	6380		
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		□ Federal Cash Request
	Budget Contact:	Leesa Unger		□ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		Lump Sum
3.	Description/Fun Source of Award	and Fiscal Year:		Receipt of Invoice from Vendor
	Description:	FY20 Read to Achieve Grant	0	Deineh was and Francisco
	Fund Source:	General Fund	9.	Reimbursement Frequency:
	MUNIS Project Number:	182F		Monthly
	MOA Number:	19*3907		Quarterly
				☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792		
			10.	Financial Reporting Method:
5.	Award Amount:	\$ <mark>849,600.00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	July 1 st , 2019 – June 30 th , 2020		
		0110		
1.	Special Instructions/Conditions: 1	L st quarter payment is held until district assurance sta	iteme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion or	f mid-year requirements and receipt of properly repo	orted (CDIP report.
		COMMITTORY	VC	alui A
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019

Ι.	Name and Address of Recipient		/.	runa Type:
	Agency Name:	Jenkins Independent		⊠State
	Street Address:	290 Old Highway 3086, P.O. Box 74	1	□Federal
	City, State, Zip:	Jenkins, KY 41537		□Other:
2.	KDE Contact Information	6380		
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		□ Federal Cash Request
	Budget Contact:	Leesa Unger		□ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		Lump Sum
3.	Description/Fun Source of Award	and Fiscal Year:		Receipt of Invoice from Vendor
	Description:	FY20 Read to Achieve Grant	0	Deineh was and Francisco
	Fund Source:	General Fund	9.	Reimbursement Frequency:
	MUNIS Project Number:	182F		Monthly
	MOA Number:	19*3908		Quarterly
				☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792		
			10.	Financial Reporting Method:
5.	Award Amount:	\$47,200. <mark>00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	July 1 st , 2019 – June 30 th , 2020		
		0110		
1.	Special Instructions/Conditions: 1	L st quarter payment is held until district assurance sta	teme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion or	f mid-year requirements and receipt of properly repo	orted (CDIP report.
		COMMITTORY	VC	alui A
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019

1.	Name and Address of Recipient		7.	runa Type:
	Agency Name:	Jessamine County		⊠State
	Street Address:	871 Wilmore Rd.		□Federal
	City, State, Zip:	Nicholasville, KY 40356		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
	/ A	7 01 111		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٥.	□Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3909		☑ Other: 1 st and 3 rd Quarters
_				Source: 1 and 5 Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Financial Reporting Method:
_		A47.000.00	10.	☑ Electronic Submission: CDIP
5.	Award Amount:	\$47,200.00		Other:
_		L L 4 st 2040 L 20th 2020		Dottler.
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
1	Special Instructions/Conditions: 1	st quarter nayment is held until district assurance star	tama	ints are completed correctly and submitted to KDE. 3 rd quarter payment
1.	-	mid-year requirements and receipt of properly repo		
	should be field diffil completion of	Thid year requirements and receipt of property repo	rteu .	report.
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
		The standards of the second of		J

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Johnson County		⊠State
	Street Address:	253 N. Mayo Tr.		□Federal
	City, State, Zip:	Paintsville, KY 41240		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	/ A	7 / 21 21 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Theceipt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	9.	Monthly
	MUNIS Project Number:	182F		·
	MOA Number:	19*3910		Quarterly
	ľ			☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792		
			10.	Financial Reporting Method:
5.	Award Amount:	\$ <mark>94,4</mark> 00. <mark>00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		Out of		
1.	Special Instructions/Conditions: 1	st quarter payment is held until district assurance sta	teme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMINION	VC	alui A
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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		701100		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Kenton County		⊠State
	Street Address:	1055 Eaton Dr.		□Federal
	City, State, Zip:	Fort Wright, KY 41017		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		7 / 01 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Theceipt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	Э.	Monthly
	MUNIS Project Number:	182F		
	MOA Number:	19*3911		Quarterly
	ľ			☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792	4.0	ET 110 (1 44 (1 1
			10.	Financial Reporting Method:
5.	Award Amount:	\$ <mark>283,200.00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		0111		
1.				nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMINGIV	PE	altil
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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1.	Name and Address of Recipient		/.	Fund Type:		
	Agency Name:	Knott County		⊠State		
	Street Address:	1156 Hindman Bypass P.O. Box 869		□Federal		
	City, State, Zip:	Hindman, KY 41822		□Other:		
2.	KDE Contact Information					
	Program Consultant:	Whitney Hamilton	8.	Method of Payment		
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request		
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement		
	Street Address:	300 Sower Blvd.				
	City, State Zip:	Frankfort, KY 40601		□Lump Sum		
	/ A	7 7 7 7 7 7		Receipt of Invoice from Vendor		
3.	Description/Fun Source of Award	and Fiscal Year:		The ceipt of invoice from vendor		
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:		
	Fund Source:	General Fund	٦.	Monthly		
	MUNIS Project Number:	182F		Quarterly		
	MOA Number:	19*3912		☑ Other: 1 st and 3 rd Quarters		
				Other: 1" and 3" Quarters		
4.	Grant Authority (Source):	KRS 158.792	10	Singuisial Reporting Mathed		
			10.	Financial Reporting Method:		
5.	Award Amount:	\$ <mark>141,600.00</mark>		⊠ Electronic Submission: CDIP		
				□Other:		
6.	Period of Award:	J <mark>uly 1st, 2019 – June</mark> 30 th , 2020				
		()111				
1.	-			ents are completed correctly and submitted to KDE. 3 rd quarter payment		
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.		
		COMMITTORY		and the same of th		
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019		
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1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Knox County		⊠State
	Street Address:	200 Daniel Boone Dr.	10	□Federal
	City, State, Zip:	Barbourville, KY 40906		□ Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		Lump Sum
	/ A	3 / 64 44 4		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Theceipt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	9.	Monthly
	MUNIS Project Number:	182F		
	MOA Number:	19*3913		Quarterly
	ľ			☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792	4.0	er
			10.	Financial Reporting Method:
5.	Award Amount:	\$283,200 <mark>.00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		()1110		
1.				nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
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1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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		K C G G	V :	4(0)

1.	Name and Address of Recipient		/.	runa Type:
	Agency Name:	LaRue County		⊠State
	Street Address:	208 College St.		□Federal
	City, State, Zip:	Hodgenville, KY 42748		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	1	7 00000		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			The copy of invoice from vehicle
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٥.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3914		☑ Other: 1 st and 3 rd Quarters
				Mother: 1" and 3" Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Financial Depositing Mathed
			10.	Financial Reporting Method: Electronic Submission: CDIP
5.	Award Amount:	\$ <mark>94,40</mark> 0. <mark>00</mark>		
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
	Ve .			
	_	()111°		
1.	-			nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	mid-year requirements and receipt of properly repor	ted (CDIP report.
		COMMITTORIV		CHICAL /
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Laurel County		⊠State
	Street Address:	718 North Main St.	1	□Federal
	City, State, Zip:	London, KY 40741		□ Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		Lump Sum
	A A	3 / 54 44 4		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Theceipt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	0	Poimbursoment Fraguency
	Fund Source:	General Fund	9.	Reimbursement Frequency:
	MUNIS Project Number:	182F		Monthly
	MOA Number:	19*3915		Quarterly
				☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792		
			10.	Financial Reporting Method:
5.	Award Amount:	\$47,200. <mark>00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	July 1 st , 2019 – June 30 th , 2020		
		Our		
1.	Special Instructions/Conditions: 1	st quarter payment is held until district assurance sta	teme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
	-	f mid-year requirements and receipt of properly repo		
		COMMINION	VC	ann a
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Lawrence County		⊠State
	Street Address:	50 Bulldog Lane		□Federal
	City, State, Zip:	Louisa, KY 41230		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		□ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		Lump Sum
3.	Description/Fun Source of Award	and Fiscal Year:		Receipt of Invoice from Vendor
	Description:	FY20 Read to Achieve Grant	_	Ballan and Farmana
	Fund Source:	General Fund	9.	Reimbursement Frequency:
	MUNIS Project Number:	182F		Monthly
	MOA Number:	19*3916		Quarterly
	ř.			☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792		
			10.	Financial Reporting Method:
5.	Award Amount:	\$47,200. <mark>00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	July 1 st , 2019 – June 30 th , 2020		
		Our		
1.	Special Instructions/Conditions: 1	st quarter payment is held until district assurance sta	teme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
	-	f mid-year requirements and receipt of properly repo		
	P	COMMINION	VC	ann a de la company
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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		187.07		
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	lame and Address of Recipient		7.	Fund Type:	
	gency Name:	Lee County		⊠State	
	treet Address:	242 Lee Ave P.O. 668		□Federal	
C	ity, State, Zip:	Beattyville, KY 41311		Other:	
2 4	DE Courte et lufe musetien				
	DE Contact Information				
	rogram Consultant:	Whitney Hamilton	8.	Method of Payment	
_	treet Address:	300 Sower Blvd.		☐ Federal Cash Request	
	udget Contact:	Leesa Unger		☐ Expenditure Reimbursement	
	treet Address:	300 Sower Blvd.		⊠ Automatic Payment	
С	ity, State Zip:	Frankfort, KY 40601		Lump Sum	
		7 01 11 1		Receipt of Invoice from Vendor	
	Pescription/Fun Source of Award				
	Pescription:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:	
	und Source:	General Fund	٠.	□Monthly	
	MUNIS Project Number:	182F		Quarterly	
N	лоа Number:	19*3917		☑Other: 1 st and 3 rd Quarters	
				Mother: 1 and 5 Quarters	
4. G	irant Authority (Source):	KRS 158.792	10	Financial Reporting Method:	
			10.	⊠ Electronic Submission: CDIP	
5. A	ward Amount:	\$ <mark>47,200.00</mark>			
				Other:	
6. P	eriod of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>			
	V.				
		()1110			
				nts are completed correctly and submitted to KDE. 3 rd quarter payment	
s	hould be held until completion of	mid-year requirements and receipt of properly repor	rted (CDIP report.	
		Committee		altit	
1. A	uthorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019	
		K & G L	1		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Leslie County		⊠State
	Street Address:	27 Eagle Ln. P.O. 949	1	□Federal
	City, State, Zip:	Hyden, KY 41749		□Other:
2.	KDE Contact Information	(2)30		
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		7 01 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Theceipt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٦.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3918		☑Other: 1 st and 3 rd Quarters
				Mother: 1" and 3" Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Financial Departing Mathed
			10.	Financial Reporting Method:
5.	Award Amount:	\$94,400. <mark>00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
	Ve -			
		()11r		
1.				nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	mid-year requirements and receipt of properly repo	rted (CDIP report.
		Committee	PU	altil
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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		Territoria de la companya della companya della companya de la companya della comp	1	

1.	Name and Address of Recipient		7.	runa Type:
	Agency Name:	Letcher County		⊠State
	Street Address:	224 Parks St.		□Federal
	City, State, Zip:	Whiteburg, KY 41858		□Other:
2.	KDE Contact Information	(2)30		
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
	/ A	7 01 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٠.	□Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3919		☑ Other: 1 st and 3 rd Quarters
_				Source: 1 and 5 Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Financial Reporting Method:
_		A	10.	☑ Electronic Submission: CDIP
5.	Award Amount:	\$141,600.00		Other:
_		L L 4St 2040 L 20th 2020		Dottler.
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
	V			
1	Special Instructions/Conditions: 1	st quarter nayment is held until district assurance sta	tama	ints are completed correctly and submitted to KDE. 3 rd quarter payment
Δ.	-	mid-year requirements and receipt of properly repo		
	should be field diffil completion of	Thid year requirements and receipt or property repo	rteu (report.
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
	The state of the s			23.3. 12.1, 2023
				201
		TI TI TO TO	8	

Ι.	Name and Address of Recipient		7.	rund Type:
	Agency Name:	Lincoln County		⊠State
	Street Address:	305 Danville Ave P.O. 265	1	□Federal
	City, State, Zip:	Stanford, KY 40484		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		□ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	A A	3 / 64 44 4		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		The ceipt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	9.	Monthly
	MUNIS Project Number:	182F		·
	MOA Number:	19*3920		Quarterly
	ľ			☑ Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792	4.0	
			10.	Financial Reporting Method:
5.	Award Amount:	\$141,600 <mark>.00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		0111		
1.				ents are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMINGIV	PE	alli
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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1.	Name and Address of Recipient		/.	Fund Type:
	Agency Name:	Logan County		⊠State
	Street Address:	2222 Bowling Green Rd. P.O. Box 417		□Federal
	City, State, Zip:	Russellville, KY 42276		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	/ A	7 01 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		The ceipt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	J.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3921		☑ Other: 1 st and 3 rd Quarters
				Other: 1" and 3" Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Financial Departing Mathed
			10.	Financial Reporting Method:
5.	Award Amount:	\$ <mark>236,000.00</mark>		⊠ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June</mark> 30 th , 2020		
		()111		
1.	-			nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMINION	N.C.	allie
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
		/4		
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1.	Name and Address of Recipient		7.	runa Type:
	Agency Name:	Lyon County		⊠State
	Street Address:	217 Jenkins Rd		□Federal
	City, State, Zip:	Eddyville, KY 42038		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		△ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	/ A	7 01 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		The ceipt of filvoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	9.	
	MUNIS Project Number:	182F		Monthly
	MOA Number:	19*3922		Quarterly
	ľ			☑ Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792	4.0	
			10.	Financial Reporting Method:
5.	Award Amount:	\$ <mark>47,200.<mark>00</mark></mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		01110		
1.				nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted	CDIP report.
	No.	COMMITTORY	PE	alul
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
		R DU COLOR	A	

Ι.	Name and Address of Recipient		/.	runa Type:
	Agency Name:	Madison County		⊠State
	Street Address:	301 Highland Park Dr. P.O. Box 768	1	□Federal
	City, State, Zip:	Richmond, KY 40475		□Other:
2.	KDE Contact Information	6.50		
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.	0.	□ Federal Cash Request
	Budget Contact:	Leesa Unger		□ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		
	A A			Lump Sum
3.	Description/Fun Source of Award	and Fiscal Year:		Receipt of Invoice from Vendor
	Description:	FY20 Read to Achieve Grant		
	Fund Source:	General Fund	9.	Reimbursement Frequency:
	MUNIS Project Number:	182F		Monthly
	MOA Number:	19*3923		Quarterly
	i i			☑ Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792		
			10.	Financial Reporting Method:
5.	Award Amount:	\$472,000 <mark>.00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	July 1 st , 2019 – June 30 th , 2020		
		0110		
1.	Special Instructions/Conditions: 1	L st quarter payment is held until district assurance sta	teme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion or	f mid-year requirements and receipt of properly repo	orted (CDIP report.
		COMMITTORY	VC	alli A
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019

1.	Name and Address of Recipient		/.	Fund Type:
	Agency Name:	Magoffin County		⊠State
	Street Address:	25 School Dr. P.O. Box 109	1	□Federal
	City, State, Zip:	Salyersville, KY 41465		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	/ A	7 01 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			The ceipt of invoice from vendor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٦.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3924		☑ Other: 1 st and 3 rd Quarters
	l l			Other: 1" and 3" Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Financial Depositing Mathods
			10.	Financial Reporting Method: Electronic Submission: CDIP
5.	Award Amount:	\$ <mark>94,400.00</mark>		
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June</mark> 30 th , 2020		
_		0111		the state of the s
1.	-			nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rtea	CDIP report.
		COMMITTE	, ,	CALLED /
	Authorized Du (Nove o /Title)	Viete Hell Diseases of December Chandes		Date: hung 24 2010
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
		7.9		
			V :	4(0)

1.	Name and Address of Recipient		/.	Fund Type:
	Agency Name:	Marion County		⊠State
	Street Address:	755 E. Main St.	1	□Federal
	City, State, Zip:	Lebanon, KY 40033		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	/ A	7 / 01 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Theceipt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	9.	Monthly
	MUNIS Project Number:	182F		·
	MOA Number:	19*3926		Quarterly
	ľ			☑ Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Financial Department Matheads
			10.	Financial Reporting Method:
5.	Award Amount:	\$ <mark>94,40</mark> 0. <mark>00</mark>		⊠ Electronic Submission: CDIP
				□ Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		()111		
1.	-			nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	orted (CDIP report.
		COMMITTORY	V	alle
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Marshall County		⊠State
	Street Address:	86 High School Rd.	1	□Federal
	City, State, Zip:	Benton, KY 42025		□ Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		Lump Sum
	/ A	3 / 64 44 4		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Execupt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	0	Poimburcoment Fraguency
	Fund Source:	General Fund	9.	Reimbursement Frequency:
	MUNIS Project Number:	182F		Monthly
	MOA Number:	19*3927		Quarterly
	li de la companya de			☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792		
			10.	Financial Reporting Method:
5.	Award Amount:	\$283,200 <mark>.00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	July 1 st , 2019 – June 30 th , 2020		
		Out		
1.	Special Instructions/Conditions: 1	st quarter payment is held until district assurance sta	teme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
	-	f mid-year requirements and receipt of properly repo		
	·	COMMINION	VC	aith a sa
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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Ι.	Name and Address of Recipient		7.	rund Type:
	Agency Name:	Martin County		⊠State
	Street Address:	104 East Main St.		□Federal
	City, State, Zip:	Inez, KY 41224		□Other:
2.	KDE Contact Information	Case		
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		□ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	A A	3 / 64 44 4		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Execupt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Deimburgement Françoiseu
	Fund Source:	General Fund	9.	Reimbursement Frequency:
	MUNIS Project Number:	182F		Monthly
	MOA Number:	19*3928		Quarterly
				☑ Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792	4.0	
			10.	Financial Reporting Method:
5.	Award Amount:	\$94,400. <mark>00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		01110		
1.	Special Instructions/Conditions: 1	st quarter payment is held until district assurance sta	teme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMINION	VC	altil
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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Ι.	Name and Address of Recipient		7.	runa Type:
	Agency Name:	Mayfield Independent		⊠State
	Street Address:	914 E. College St.		□Federal
	City, State, Zip:	Mayfield, KY 42066		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	1	7 00000		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			The ceipt of invoice from vendor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٥.	□Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3929		☑ Other: 1 st and 3 rd Quarters
				Other. 1 did 5 dualters
4.	Grant Authority (Source):	KRS 158.792	10	Financial Reporting Method:
			10.	☑ Electronic Submission: CDIP
5.	Award Amount:	\$ <mark>47,20</mark> 0. <mark>00</mark>		Other:
				Dottner:
6.	Period of Award:	J <mark>uly 1st, 2019 – June</mark> 30 th , 2020		
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1.	-			nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMITTORY		CARCIE
_	A .I . I D /AI /T:II \			24 2040
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
			2:	4(0)

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	McCracken County		⊠State
	Street Address:	5347 Benton Rd.		□Federal
	City, State, Zip:	Paduach, KY 42003		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	/ A	7 / 21 21 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Theceipt of invoice from vehicle
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	9.	Monthly
	MUNIS Project Number:	182F		·
	MOA Number:	19*3930		Quarterly
	ľ			☑ Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792	4.0	
			10.	Financial Reporting Method:
5.	Award Amount:	\$ <mark>141,600.00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		Olle		
1.	Special Instructions/Conditions: 1	st quarter payment is held until district assurance sta	teme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMITTORY	VC	altil
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	McLean County		⊠State
	Street Address:	410 Highway 136 East		□Federal
	City, State, Zip:	Calhoun, KY 42327		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		Lump Sum
	A A	3 / 64 44 4		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Execupt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	0	Reimbursement Frequency:
	Fund Source:	General Fund	9.	
	MUNIS Project Number:	182F		Monthly
	MOA Number:	19*3931		Quarterly
				☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792		
			10.	Financial Reporting Method:
5.	Award Amount:	\$47,200. <mark>00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	July 1 st , 2019 – June 30 th , 2020		
		Out.		
1.	Special Instructions/Conditions: 1	st quarter payment is held until district assurance sta	teme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMINION	VC	alul A
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Meade County		⊠State
	Street Address:	1155 Old Ekron Rd		□Federal
	City, State, Zip:	Brandenburg, KY 40108		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		7 7 7 7 7		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Theceipt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	Э.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3932		
				☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792	4.0	er 110 or 110 or
			10.	Financial Reporting Method:
5.	Award Amount:	\$ <mark>188,800.00</mark>		☑ Electronic Submission: CDIP
				□Othe <mark>r:</mark>
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		0111		
1.				nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMINION	VC	altit
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
		KAG A	A	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Mercer County		⊠State
	Street Address:	530 Perryville Rd.		□Federal
	City, State, Zip:	Harrodsburg, KY 40330		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		7 01 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Theceipt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٦.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3933		☑Other: 1 st and 3 rd Quarters
				Mother: 1" and 3" Quarters
4.	Grant Authority (Source):	KRS 158.792	40	Financial Deposition Mathed
			10.	Financial Reporting Method:
5.	Award Amount:	\$47,200. <mark>00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
	\(\sigma \)			
		()111		
1.				nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	mid-year requirements and receipt of properly repo	rted (CDIP report.
		Committee	PU	altil
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
		19		
		Ker G	A	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Metcalfe County		⊠State
	Street Address:	709 W. Stockton St.		□Federal
	City, State, Zip:	Edmonton, KY 42129		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		7 01 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Theceipt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	Э.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3934		
				☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Financial Departure Mathed
			10.	Financial Reporting Method:
5.	Award Amount:	\$47,200. <mark>00</mark>		☑ Electronic Submission: CDIP
				□Othe <mark>r:</mark>
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		0111		
1.				nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMINION	VC	altit
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
		KAG .	A	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Middlesboro Independent		⊠State
	Street Address:	220 N. 20th St., P.O. Box 959		□Federal
	City, State, Zip:	Middlesboro, KY 40965		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	/ A	7 / 22 22 2		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Theceipt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	Э.	Monthly
	MUNIS Project Number:	182F		·
	MOA Number:	19*3935		Quarterly
	ľ			☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792	4.0	
			10.	Financial Reporting Method:
5.	Award Amount:	\$47,200. <mark>00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		Our		
1.	Special Instructions/Conditions: 1	st quarter payment is held until district assurance sta	teme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMITTORY	VC	alli
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
		RAGIL	A	

1.	Name and Address of Recipient		/.	Fund Type:
	Agency Name:	Monroe County		⊠State
	Street Address:	309 Emberton St.	10	□Federal
	City, State, Zip:	Tompkinsville, KY 42167-1431		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	A A	3 / 51 41 4		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Execupt of invoice from vehicle
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	Э.	Monthly
	MUNIS Project Number:	182F		
	MOA Number:	19*3936		Quarterly
	ľ			☑ Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792	4.0	F1 1 1 1 2 11 14 11 1
			10.	Financial Reporting Method:
5.	Award Amount:	\$ <mark>94,40</mark> 0. <mark>00</mark>		☑ Electronic Submission: CDIP
				□ Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		0111		
1.	-			nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMINION		allie
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
		/9/		
		Ker a	1	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Montgomery County		⊠State
	Street Address:	640 Woodford Dr.		□Federal
	City, State, Zip:	Mt. Sterling, KY 40353		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		⊠ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		7 01 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Theceipt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	9.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3937		
				☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792	4.0	E 10 10
			10.	Financial Reporting Method:
5.	Award Amount:	\$ <mark>94,40</mark> 0. <mark>00</mark>		☑ Electronic Submission: CDIP
				□Othe <mark>r:</mark>
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		0111		
1.				nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMINION	VC	altit /
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
		KAG A	A	

1.	Name and Address of Recipient		7.	runa Type:
	Agency Name:	Muhlenburg County		⊠State
	Street Address:	510 W. Main St.		□Federal
	City, State, Zip:	Powderly, KY 42367		□Other:
				40-
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	/ A	7 / 61 41 4		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		The ceipt of filvoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	9.	
	MUNIS Project Number:	182F		Monthly
	MOA Number:	19*3938		Quarterly
	ľ			☑ Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792	4.0	
			10.	Financial Reporting Method:
5.	Award Amount:	\$47,200. <mark>00</mark>		⊠ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		0111		
1.				nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
	No.	COMMINGIV	PC	alul
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
			A	

Ι.	Name and Address of Recipient		7.	rund Type:
	Agency Name:	Murray Independent		⊠State
	Street Address:	208 S. 13th St.		□Federal
	City, State, Zip:	Murray, KY 42071		□Other:
2.	KDE Contact Information	(6)		
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		7 0000		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Theceipt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	9.	Monthly
	MUNIS Project Number:	182F		
	MOA Number:	19*3939		Quarterly
				☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Financial Department Matheads
			10.	Financial Reporting Method:
5.	Award Amount:	\$ <mark>47,20</mark> 0. <mark>00</mark>		⊠ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		()1110		
1.				nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion o	f mid-year requirements and receipt of properly repo	orted (CDIP report.
		Commony	P	allie
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
		Kell Comment	1	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Nelson County		⊠State
	Street Address:	288 Wildcat Lane		□Federal
	City, State, Zip:	Bardstown, KY 40004		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		7 / 01 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Theceipt of invoice from vendor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٦.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3940		☑ Other: 1 st and 3 rd Quarters
	ľ			Other: 1" and 3" Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Financial Deposition Mathed
			10.	Financial Reporting Method:
5.	Award Amount:	\$188,800 <mark>.00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		0111		
1.				nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMINGIV	PC	altil
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
		19		
		K&G -	JA	

Ι.	Name and Address of Recipient		7.	runa Type:
	Agency Name:	Newport Independent		⊠State
	Street Address:	30 W. Eighth St.		□Federal
	City, State, Zip:	Newport, KY 41071		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		△ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	/ A	7 01 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Theceipt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	9.	Monthly
	MUNIS Project Number:	182F		The state of the s
	MOA Number:	19*3941		Quarterly
	ľ			☑ Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Shows in Description Marks also
			10.	Financial Reporting Method:
5.	Award Amount:	\$ <mark>94,40</mark> 0. <mark>00</mark>		⊠ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		()1110		
1.				nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMITTORY	P	alli
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
		19		
		K&G .	JA	

1.	Name and Address of Recipient		/.	Fund Type:
	Agency Name:	Ohio County		⊠State
	Street Address:	315 E. Union St., P.O. Box 70	10	□Federal
	City, State, Zip:	Hartford, KY 42347		□Other:
2.	KDE Contact Information	6.30		
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	A A	3 / 54 44 4		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		The ceipt of filvoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	Э.	Monthly
	MUNIS Project Number:	182F		
	MOA Number:	19*3942		Quarterly
	ľ			☑ Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792	4.0	F1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			10.	Financial Reporting Method:
5.	Award Amount:	\$ <mark>47,200.<mark>00</mark></mark>		⊠ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		0111		
1.	-			nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		Common		allie /
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
		19		
		Kerra	N	

1.	Name and Address of Recipient		/.	Fund Type:
	Agency Name:	Owensboro Independent		⊠State
	Street Address:	450 Griffith Ave.	10	□Federal
	City, State, Zip:	Owensboro, KY 42301		□Other:
2.	KDE Contact Information	6.30		
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		□ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	A A	3 / 54 44 4		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		The ceipt of filvoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	9.	Monthly
	MUNIS Project Number:	182F		
	MOA Number:	19*3943		Quarterly
	ľ			☑ Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792	4.0	F1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			10.	Financial Reporting Method:
5.	Award Amount:	\$ <mark>236,000.00</mark>		⊠ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		0111		
1.	-			nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		Common		allie /
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
		/ 4		
		K&G A	JA.	

Ι.	Name and Address of Recipient		7.	rund Type:
	Agency Name:	Paintsville Independent		⊠State
	Street Address:	305 Second St.		□Federal
	City, State, Zip:	Paintsville, KY 41240		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		7 00000		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			The ceipt of invoice from vendor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٦.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3944		☑ Other: 1 st and 3 rd Quarters
	li de la companya de			Other: 1" and 3" Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Financial Departing Mathed
			10.	Financial Reporting Method: Electronic Submission: CDIP
5.	Award Amount:	\$ <mark>47,20</mark> 0. <mark>00</mark>		
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June</mark> 30 th , 2020		
		()111°		
1.	-			nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repor	rted (CDIP report.
		COMMINGATION		CERCIE /
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1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
		/9/		
			2	4(0)

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Paris Independent		⊠State
	Street Address:	310 W. 7th St.		□Federal
	City, State, Zip:	Paris, KY 40361		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		□ Federal Cash Request
	Budget Contact:	Leesa Unger		□ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		Lump Sum
	A A			Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Execupt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	9.	
	MUNIS Project Number:	182F		Monthly
	MOA Number:	19*3945		Quarterly
	ľ			☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792		
			10.	Financial Reporting Method:
5.	Award Amount:	\$47,200. <mark>00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		Olle		
1.	Special Instructions/Conditions: 1	st quarter payment is held until district assurance sta	teme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMINION	VC	alli
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
			JA	
		MUTTAG		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Pendelton County		⊠State
	Street Address:	2525 Hwy 27 N.		□Federal
	City, State, Zip:	Falmouth, KY 41040		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		⊠ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		7 7 7 7 7		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Theceipt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	9.	Monthly
	MUNIS Project Number:	182F		
	MOA Number:	19*3946		☐ Quarterly
				☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792	4.0	ET 110 (1 MA)
			10.	Financial Reporting Method:
5.	Award Amount:	\$94,400. <mark>00</mark>		☑ Electronic Submission: CDIP
				□Othe <mark>r:</mark>
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		0111		
1.	Special Instructions/Conditions: 1	st quarter payment is held until district assurance star	teme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMINION	VC	alul A
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
			JAL	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Perry County		⊠State
	Street Address:	315 Park Ave.	1	□Federal
	City, State, Zip:	Hazard, KY 41701		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		Lump Sum
	A A	3 / 54 44 4		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Theceipt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	0	Poimbursoment Fraguency
	Fund Source:	General Fund	9.	Reimbursement Frequency:
	MUNIS Project Number:	182F		Monthly
	MOA Number:	19*3947		Quarterly
				☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792		
			10.	Financial Reporting Method:
5.	Award Amount:	\$47,200. <mark>00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	July 1 st , 2019 – June 30 th , 2020		
		- Our		
1.	Special Instructions/Conditions: 1	est quarter payment is held until district assurance sta	teme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
	-	f mid-year requirements and receipt of properly repo		
		COMMINION	VC	ailli America
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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		7111100		

1.	Name and Address of Recipient		7.	Fund Type:	
	Agency Name:	Pike County		⊠State	
	Street Address:	316 S. Mayo Tr.		□Federal	
	City, State, Zip:	Pikeville, KY 41501-1522		□Other:	
2.	KDE Contact Information				
	Program Consultant:	Whitney Hamilton	8.	Method of Payment	
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request	
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement	
	Street Address:	300 Sower Blvd.			
	City, State Zip:	Frankfort, KY 40601		□Lump Sum	
		7 7 7 7 7		Receipt of Invoice from Vendor	
3.	Description/Fun Source of Award			Theceipt of invoice from vehicor	
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:	
	Fund Source:	General Fund	9.	Monthly	
	MUNIS Project Number:	182F		Quarterly	
	MOA Number:	19*3948			
				☑Other: 1 st and 3 rd Quarters	
4.	Grant Authority (Source):	KRS 158.792	10	Financial Departure Mathed	
			10.	Financial Reporting Method:	
5.	Award Amount:	\$94,400. <mark>00</mark>		☑ Electronic Submission: CDIP	
				□Other:	
6.	Period of Award:	J <mark>uly 1st, 2019 – June</mark> 30 th , 2020			
		0111			
1.				nts are completed correctly and submitted to KDE. 3 rd quarter payment	
	should be held until completion of	mid-year requirements and receipt of properly repo	rted (CDIP report.	
		COMMINION	VC	altil	
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019	

Ι.	Name and Address of Recipient		7.	runa Type:
	Agency Name:	Russell County		⊠State
	Street Address:	404 S. Main St.		□Federal
	City, State, Zip:	Jamestown, KY 42629		□ Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		7 00000		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			The ceipe of invoice from vendor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٦.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3949		☑ Other: 1 st and 3 rd Quarters
	li de la companya de			Mother: 1" and 3" Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Financial Departing Mathed
			10.	Financial Reporting Method: Electronic Submission: CDIP
5.	Award Amount:	\$ <mark>47,20</mark> 0. <mark>00</mark>		
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June</mark> 30 th , 2020		
	V.			
	_	()11r		
1.	-			nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMINION		CHELL
_				
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
		Res Para	7 5	4(0)

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Russell Independent		⊠State
	Street Address:	409 Belfonte St.		□Federal
	City, State, Zip:	Russell, KY 41169		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	A A	7 00000		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Zinescept of invoice from vendor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٥.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3950		☑ Other: 1 st and 3 rd Quarters
				Other. 1 and 3 Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Financial Reporting Method:
	_		10.	☑ Electronic Submission: CDIP
5.	Award Amount:	\$ <mark>47,200.00</mark>		Other:
				Liother.
6.	Period of Award:	J <mark>uly 1st, 2019 – June</mark> 30 th , 2020		
		()11r		
1.				nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted	CDIP report.
		COMMITTORY	, ,	CARCIE
_				
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
			8	

Ι.	Name and Address of Recipient		7.	rund Type:
	Agency Name:	Russellville Independent		⊠State
	Street Address:	355 S. Summer St.	1	□Federal
	City, State, Zip:	Russellville, KY 42276		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	A A	7 00000		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Zineselpt of invoice it of it vendo.
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٥.	□Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3951		☑ Other: 1 st and 3 rd Quarters
				Sother: 1 and 5 Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Financial Reporting Method:
_		4	10.	☑ Electronic Submission: CDIP
5.	Award Amount:	\$47,200.00		Other:
_		L L 4st 2040 L Looth 2000		Dottler.
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
1	Special Instructions (Conditions, 1	St avactor payment is hold until district assurance sta	+ 0 100 0	ents are completed correctly and submitted to KDE. 3 rd quarter payment
1.	-	f mid-year requirements and receipt of properly repo		
	should be field diffil completion of	Tillu-year requirements and receipt or properly repo	rteu	CDIF Teport.
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
	Additionized by (Maine, Title).	in Starrain, Director of Frogram Standards		Julie 24, 2013
		18727		2012
		WI HARA	8	

Ι.	Name and Address of Recipient		7.	runa Type:
	Agency Name:	Scott County		⊠State
	Street Address:	2168 Frankfort Pk., P.O. Box 578		□Federal
	City, State, Zip:	Georgetown, KY 40324		□Other:
2.	KDE Contact Information	(6)30		
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		□ Federal Cash Request
	Budget Contact:	Leesa Unger		□ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		△ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		Lump Sum
3.	Description/Fun Source of Award	and Fiscal Year:		Receipt of Invoice from Vendor
	Description:	FY20 Read to Achieve Grant	0	B. in Landson and Farmana
	Fund Source:	General Fund	9.	Reimbursement Frequency:
	MUNIS Project Number:	182F		Monthly
	MOA Number:	19*3952		Quarterly
	ji da kata kata kata kata kata kata kata k			☑ Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792		
			10.	Financial Reporting Method:
5.	Award Amount:	\$188,80 <mark>0.00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	July 1 st , 2019 – June 30 th , 2020		
		- Oste		
1.	Special Instructions/Conditions: 1	L st quarter payment is held until district assurance sta	teme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	orted (CDIP report.
		COMMITTORY	VC	alli A
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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		7/11/06		

Ι.	Name and Address of Recipient		7.	runa Type:
	Agency Name:	Shelby County		⊠State
	Street Address:	1155 West Main St., P.O. Box 159	1	□Federal
	City, State, Zip:	Shelbyville, KY 40066		□Other:
2.	KDE Contact Information	6380		
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.	٥.	□ Federal Cash Request
	Budget Contact:	Leesa Unger		Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		
	· · · · · · · · · · · · · · · · · · ·	Jul		Lump Sum
3.	Description/Fun Source of Award	and Fiscal Year:		Receipt of Invoice from Vendor
	Description:	FY20 Read to Achieve Grant	_	
	Fund Source:	General Fund	9.	Reimbursement Frequency:
	MUNIS Project Number:	182F		Monthly
	MOA Number:	19*3953		Quarterly
				☑ Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792		
			10.	Financial Reporting Method:
5.	Award Amount:	\$283,200.00		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	July 1 st , 2019 – June 30 th , 2020		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Out		
1.	Special Instructions/Conditions: 1	L st quarter payment is held until district assurance sta	teme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
	-	f mid-year requirements and receipt of properly repo		
		COMMINIONV	VC	alli A
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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1.	Name and Address of Recipient		/.	Fund Type:
	Agency Name:	Somerset Independent		⊠State
	Street Address:	305 College St.	1	□Federal
	City, State, Zip:	Somerset, KY 42501		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		7 01 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			The ceipt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٦.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3956		☑ Other: 1 st and 3 rd Quarters
				Other: 1" and 3" Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Financial Departing Mathed
			10.	Financial Reporting Method:
5.	Award Amount:	\$ <mark>47,20</mark> 0. <mark>00</mark>		⊠ Electronic Submission: CDIP
				□ Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June</mark> 30 th , 2020		
		()111°		
1.	-	•		nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion o	f mid-year requirements and receipt of properly repo	rted	CDIP report.
		COMMITTORY	PC	CHICAL
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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		Regulation	1	

Ι.	Name and Address of Recipient		7.	rund Type:
	Agency Name:	Spencer County		⊠State
	Street Address:	207 W. Main St.	10	□Federal
	City, State, Zip:	Taylorsville, KY 40071-8619		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		□ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	A A	3 / 53 44 4		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Receipt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	9.	
	MUNIS Project Number:	182F		Monthly
	MOA Number:	19*4213		Quarterly
	ľ			☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792	4.0	
			10.	Financial Reporting Method:
5.	Award Amount:	\$94,400. <mark>00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		01110		
1.				nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted	CDIP report.
	No.	COMMITTORY	PE	alul
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Todd County		⊠State
	Street Address:	205 Airport Rd.	1	□Federal
	City, State, Zip:	Elkton, KY 42220		□ Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		Lump Sum
	/ A	3 / 54 44 4		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Execupt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	Э.	
	MUNIS Project Number:	182F		Monthly
	MOA Number:	19*3957		Quarterly
	ľ			☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792		
			10.	Financial Reporting Method:
5.	Award Amount:	\$47,200. <mark>00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		Out of		
1.	Special Instructions/Conditions: 1	st quarter payment is held until district assurance sta	teme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMINION	VC	alul
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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1.	Name and Address of Recipient		7.	runa Type:		
	Agency Name:	Walton-Verona Independent		⊠State		
	Street Address:	16 School Rd.		□Federal		
	City, State, Zip:	Walton, KY 41094		□Other:		
2.	KDE Contact Information					
	Program Consultant:	Whitney Hamilton	8.	Method of Payment		
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request		
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement		
	Street Address:	300 Sower Blvd.				
	City, State Zip:	Frankfort, KY 40601		□Lump Sum		
	/ A			Receipt of Invoice from Vendor		
3.	Description/Fun Source of Award	and Fiscal Year:		The ceipt of invoice from vehicor		
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:		
	Fund Source:	General Fund	9.			
	MUNIS Project Number:	182F		Monthly		
	MOA Number:	19*3958		Quarterly		
	ľ			☑ Other: 1 st and 3 rd Quarters		
4.	Grant Authority (Source):	KRS 158.792	4.0			
			10.	Financial Reporting Method:		
5.	Award Amount:	\$ <mark>47,2</mark> 00. <mark>00</mark>		☑ Electronic Submission: CDIP		
				□Othe <mark>r:</mark>		
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>				
		01110				
1.				ents are completed correctly and submitted to KDE. 3 rd quarter payment		
	should be held until completion of	mid-year requirements and receipt of properly report	rted (CDIP report.		
		COMMINION		alui		
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019		
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1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Warren County		⊠State
	Street Address:	303 Lover's Ln., P.O. Box 51810		□Federal
	City, State, Zip:	Bowling Green, KY 42102-6810		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
	/ A	7 01 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			The ceipt of invoice from vendor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٥.	□Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3954		☑ Other: 1 st and 3 rd Quarters
				Mother. 1 and 3 Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Financial Reporting Method:
			10.	Electronic Submission: CDIP
5.	Award Amount:	\$ <mark>141,600.00</mark>		
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June</mark> 30 th , 2020		
		()11r		
1.				nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMISSION		CHICAL
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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			7:	4(0)

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Washington County		⊠State
	Street Address:	120 Mackville Hill Rd.	10	□Federal
	City, State, Zip:	Springfield, KY 40069		□ Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		Lump Sum
	A A	3 / 54 44 4		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Theceipt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	0	Poimburcoment Fraguency
	Fund Source:	General Fund	9.	Reimbursement Frequency:
	MUNIS Project Number:	182F		Monthly
	MOA Number:	19*3960		Quarterly
				☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792		
			10.	Financial Reporting Method:
5.	Award Amount:	\$9 <mark>4,</mark> 400. <mark>00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	July 1 st , 2019 – June 30 th , 2020		
		Our		
1.	Special Instructions/Conditions: 1	st quarter payment is held until district assurance sta	teme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
		f mid-year requirements and receipt of properly repo		
		COMMINION	VC	ann a
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Wayne County		⊠State
	Street Address:	1025 South Main St.		□Federal
	City, State, Zip:	Monticello, KY 42633		□Other:
2.	KDE Contact Information	(2)30		
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
	/ A	7 / 01 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Theceipt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٦.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3961		☑ Other: 1 st and 3 rd Quarters
	l l			Mother: 1" and 3" Quarters
4.	Grant Authority (Source):	KRS 158.792	10	Financial Departure Mathed
			10.	Financial Reporting Method:
5.	Award Amount:	\$ <mark>94,40</mark> 0. <mark>00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June</mark> 30 th , 2020		
		()111		
1.	-			nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMINION	PU	altil
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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		Kera L	A	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Whitley County		⊠State
	Street Address:	300 Main St.		□Federal
	City, State, Zip:	Williamsburg, KY 40769		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		⊠ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		7 01 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Execupt of invoice from vehicor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	9.	Monthly
	MUNIS Project Number:	182F		
	MOA Number:	19*3963		Quarterly
				☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792		
			10.	Financial Reporting Method:
5.	Award Amount:	\$ <mark>283,20</mark> 0.00		☐ Electronic Submission: CDIP
				□Othe <mark>r:</mark>
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		Our.		
1.	Special Instructions/Conditions: 1	st quarter payment is held until district assurance star	teme	nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMINION	VC	alli
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
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1.	Name and Address of Recipient		/.	Fund Type:		
	Agency Name:	Williamsburg Independent		⊠State		
	Street Address:	1000 Main St.		□Federal		
	City, State, Zip:	Williamsburg, KY 40769		□Other:		
2.	KDE Contact Information					
	Program Consultant:	Whitney Hamilton	8.	Method of Payment		
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request		
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement		
	Street Address:	300 Sower Blvd.				
	City, State Zip:	Frankfort, KY 40601		□Lump Sum		
	/ A	7 7 7 7 7 7		Receipt of Invoice from Vendor		
3.	Description/Fun Source of Award	and Fiscal Year:		Theceipt of invoice from vehicor		
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:		
	Fund Source:	General Fund	Э.	Monthly		
	MUNIS Project Number:	182F				
	MOA Number:	19*3959		Quarterly		
	r e			☑ Other: 1 st and 3 rd Quarters		
4.	Grant Authority (Source):	KRS 158.792	10	Financial Bounding Mathed		
			10.	Financial Reporting Method:		
5.	Award Amount:	\$47,200. <mark>00</mark>		☑ Electronic Submission: CDIP		
				□Other:		
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>				
		()111°				
1.	-			ents are completed correctly and submitted to KDE. 3 rd quarter payment		
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted	CDIP report.		
		Common		alli		
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019		
		K&G F	1			
	Education					

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Wolfe County		⊠State
	Street Address:	68 Main St., P.O. Box 160		□Federal
	City, State, Zip:	Campton, KY 41301		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		7 / 01 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Theceipt of invoice from vendor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٦.	Monthly
	MUNIS Project Number:	182F		Quarterly
	MOA Number:	19*3962		☑ Other: 1 st and 3 rd Quarters
	ľ			Other: 1" and 3" Quarters
4.	Grant Authority (Source):	KRS 158.792	40	Financial Deposition Mathed
			10.	Financial Reporting Method:
5.	Award Amount:	\$94,400. <mark>00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		()111		
1.				nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	rted (CDIP report.
		COMMINION		altil
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
		19		
		K&G A	1	

1.	Name and Address of Recipient		7.	runa Type:
	Agency Name:	Woodford County		⊠State
	Street Address:	330 Pisgah Pk.		□Federal
	City, State, Zip:	Versailles, KY 40383-9214		□ Other:
2.	KDE Contact Information	(2)		
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		Lump Sum
	/ A	7 01 11 1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Theceipt of invoice from vertuor
	Description:	FY20 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	9.	
	MUNIS Project Number:	182F		Monthly
	MOA Number:	19*3955		Quarterly
	ľ			☑Other: 1 st and 3 rd Quarters
4.	Grant Authority (Source):	KRS 158.792	4.0	
			10.	Financial Reporting Method:
5.	Award Amount:	\$141,60 <mark>0.00</mark>		☑ Electronic Submission: CDIP
				□Other:
6.	Period of Award:	J <mark>uly 1st, 2019 – June 30th, 2020</mark>		
		0111		
1.				nts are completed correctly and submitted to KDE. 3 rd quarter payment
	should be held until completion of	f mid-year requirements and receipt of properly repo	orted (CDIP report.
	No.	COMMITTORY	VC	altil
1.	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: June 24, 2019
			JA	