1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Adair County		State
	Street Address 1204 Greensburg Street City, State Zip Columbia, KY 42728	1	Federal
	City, State Zip Columbia, KY 42728		Other:
			78-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	" Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
	The second secon	. •	Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	C		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Allen County		State
	Street Address 570 Oliver Street City, State Zip Scottsville, KY 42164	1	Federal
	City, State Zip Scottsville, KY 42164		Other:
			78-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
		. •	Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	C		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Anchorage Ind.	,	State
	Street Address 11400 Ridge Road City, State Zip Anchorage, KY 40223	1	Federal
	City, State Zip Anchorage, KY 40223		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
_			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	eal	KDE Program Contacts.
4.0	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Anderson County		State
	Street Address 1160 By Pass North City, State Zip Lawrenceburg, KY 40342	1	Federal
	City, State Zip Lawrenceburg, KY 40342		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		○ Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Ashland Ind.		State
	Street Address 1420 Central Ave City, State Zip Ashland, KY 41101	1	Federal
	City, State Zip Ashland, KY 41101		Other:
			78-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	" Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
	The state of the s		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	O C C		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Augusta Ind.		State
	Street Address 307 Bracken Street City, State Zip Augusta, KY 41002	1	Federal
	City, State Zip Augusta, KY 41002		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Ballard County	,	State
	Street Address 3465 Paducah Road	1	Federal
	Street Address 3465 Paducah Road City, State Zip Barlow, KY 42024		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Barbourville Ind.	,	State
	Street Address 140 School Street City, State Zip Barbourville, KY 40906	1	Federal
	City, State Zip Barbourville, KY 40906		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bardstown Ind.		State
	Street Address 308 N Fifth Street City, State Zip Bardstown, KY 40004	1	Federal
	City, State Zip Bardstown, KY 40004		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	" Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
	The second secon	. •	Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	C		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipie	nt:	7	Fund Type:
	Agency Name Barren County			State
	Street Address 202 West Was	hington Street	4	Federal
	City, State Zip Glasgow, KY	hington Street 42141		Other:
	, , , , , , , , , , , , , , , , , , , ,			<u> </u>
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement
	Street Address	300 Sower Blvd		Automatic Payment
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor
				Treceipt of invoice from vendor
	City, KY Zip	Frankfort, KY 40601		B
_		Cititui Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A			Monthly
	Description	School Based Mental Health Care		Quarterly
		Provider		
	Fund Source	State General Funds		Other Beginning of Fiscal Year
	CFDA#	N/A		
	MUNIS Project Number	14 <mark>MG</mark>		
	Master Agreement Number	N/A	10	Financial Reporting Method:
				Electronic Submission
4	Grant Authority (Source): KR	S 158.4416		Other
5	Award Amount: \$43,095.00	()11r	11	Evaluations: Each program will be evaluated per
		O G I		specific program guidelines to be disseminated by
6	Period of Award:	Commonw	2.2	KDE Program Contacts.
	July 1, 2020-June 30, 2021	COMMITTEE		CAL
12	Consortia/Partnership Membe	rs: N/A		
13	Special Instructions/Condition	ns:		
14	Authorized By (Name/Title): N	licole Crosthwaite, Budget Branch		Date: June 30, 2020
	_ ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	ivision of Budgets & Financial Managemer	nt	
		YUIIAAI		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bath County		State
	Street Address 405 W Main Street City, State Zip Owingsville, KY 40360	1	☐ Federal
	City, State Zip Owingsville, KY 40360		Other:
			10
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		○ Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Beechwood Ind.	,	State
	Street Address 50 Beechwood Road City, State Zip Fort Mitchell, KY 41017	1	Federal
	City, State Zip Fort Mitchell, KY 41017		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	eal	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bell County	,	State
	Street Address 211 Virginia Ave	1	Federal
	Street Address 211 Virginia Ave City, State Zip Pineville, KY 40977		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	eal	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bellevue Ind.	,	State
	Street Address 219 Center Street	1	Federal
	Street Address 219 Center Street City, State Zip Bellevue, KY 41073		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	eal	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Berea Ind.	,	State
	Street Address 3 Pirate Parkway	1	Federal
	Street Address 3 Pirate Parkway City, State Zip Berea, KY 40403		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	eal	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	
	9111100		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Boone County		State
	Street Address 8330 US 42 City, State Zip Florence, KY 41042	1-	Federal
	City, State Zip Florence, KY 41042		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		○ Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bourbon County	,	State
	Street Address 3343 Lexington Road City, State Zip Paris, KY 40361	1	Federal
	City, State Zip Paris, KY 40361		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	eal	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	
	7111100		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bowling Green Ind.	,	State
	Street Address 1211 Center Street City, State Zip Bowling Green, KY 42101	1	Federal
	City, State Zip Bowling Green, KY 42101		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	eal	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Boyd County	,	State State
	Street Address 1104 Bob McCullough Drive City, State Zip Ashland, KY 41102	1	Federal
	City, State Zip Ashland, KY 41102		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: CommonWo	ta	KDE Program Contacts.
46	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	
	Bivision of Budgets & Financial Managemen		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Boyle County		State
	Street Address 352 N Danville By-Pass City, State Zip Danville, KY 40422	1	Federal
	City, State Zip Danville, KY 40422		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
	master / tgreement tallies	. •	Electronic Submission
			Z Ziodijonio sazimosion
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	
-			

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bracken County		State
	Street Address 348 West Miami Street City, State Zip Brooksville, KY 41004	1	Federal
	City, State Zip Brooksville, KY 41004		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	" Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
	The second secon		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	Odi		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2020-June 30, 2021	- 66.1	
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Breathitt County	,	State
	Street Address 420 Court Street City, State Zip Jackson, KY 41339	1	Federal
	City, State Zip Jackson, KY 41339		Other:
			18-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	" Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		203
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
	J. Company of the com		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	2.2	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Breckinridge County		State
	Street Address 86 Airport Road City, State Zip Hardinsburg, KY 40143	1	Federal
	City, State Zip Hardinsburg, KY 40143		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		○ Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	
_			

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bullitt County		State
	Street Address 1040 Hwy 44 E City, State Zip Shepherdsville, KY 40165	1	Federal
	City, State Zip Shepherdsville, KY 40165		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	" Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
	The second secon	. •	Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	C		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Burgin Ind.		State
	Street Address 140 Danville Road	1	☐ Federal
	Street Address 140 Danville Road City, State Zip Burgin, KY 40310		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		○ Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Butler County	,	State
	Street Address 203 N Tyler Street City, State Zip Morgantown, KY 42261	1	Federal
	City, State Zip Morgantown, KY 42261		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Caldwell County		State
	Street Address 612 West Washington Street City, State Zip Princeton, KY 42445	4_	Federal
	City, State Zip Princeton, KY 42445		Other:
			40-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds	7	Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	eal	KDE Program Contacts.
40	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipier	nt:	7	Fund Type:
	Agency Name Calloway Cour	nty		State
	Street Address 2110 College F	Farm Road	1	Federal
	City, State Zip Murray, KY 42			Other:
				10
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement
	Street Address	300 Sower Blvd		Automatic Payment
	Budget Contact – Phone #	Nicole Crosthwaite		
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		Tressipter invoice from venteer
	Oky, Kr Zip	Children	9	Reimbursement Frequency:
3	Description/Fund Source of Av	ward and Fiscal Voar:	-	Monthly
"	Description Description	School Based Mental Health Care		Quarterly
	Description	Provider Provider		Quarterly
	Fund Source	State General Funds		Other Beginning of Fiscal Year
	CFDA#	N/A		Degining of Fiscal Teal
	MUNIS Project Number	14MG		
	Master Agreement Number	N/A	10	Financial Reporting Method:
	Master Agreement Number	IN/A	10	Electronic Submission
				Electronic Submission
4	Grant Authority (Source): KR	S 158 4416		Other
•	Grant Admonty (Goding). The	3 100.7710		- Culci
5	Award Amount: \$43,095.00	<u> </u>	11	Evaluations: Each program will be evaluated per
	7 11 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Our		specific program guidelines to be disseminated by
6	Period of Award:	Commonw	9	KDE Program Contacts.
	July 1, 2020-June 30, 2021	Committee		
12	Consortia/Partnership Membe	rs: N/A	1	
13	Special Instructions/Condition	is:		
14	Authorized By (Name/Title): N	icole Crosthwaite, Budget Branch		Date: June 30, 2020
		ivision of Budgets & Financial Managemer	nt	
		YIIIAAI	11	
		a de la		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Campbell County		State
	Street Address 101 Orchard Lane City, State Zip Alexandria, KY 41001	4_	☐ Federal
	City, State Zip Alexandria, KY 41001		Other:
			40-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	tal	KDE Program Contacts.
40	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

Agency Name Campbellsville Ind. Street Address 136 S Columbia Avenue City, State Zip Campbellsville, KY 42718 State Federal Federal Other:	1	Name and Address of Recipient:	7	Fund Type:
Stock Contact Information: Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Automatic Payment Expenditure Reimbursement Lump Sum Receipt of Invoice from Vendor Receipt of Invoice from Vendor				State
Stock Contact Information: Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Automatic Payment Expenditure Reimbursement Lump Sum Receipt of Invoice from Vendor Receipt of Invoice from Vendor		Street Address 136 S Columbia Avenue	4_	Federal
Z		City, State Zip Campbellsville, KY 42718		Other:
Z				40
Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Automatic Payment Street Address 300 Sower Blvd Lump Sum Street Address 300 Sower Blvd Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds MUNIS Project Number 14MG Master Agreement Number N/A Master Agreement Number N/A Tinancial Reporting Method: Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor Monthly Quarterly Other Beginning of Fiscal Year Monthly Other Beginning Method: Electronic Submission Electronic Submission Contact Contact			8	
Street Address Budget Contact – Phone # Street Address City, KY Zip Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number Master Agreement Number N/A Street Address 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Nicole Crosthwaite Nonthly N	2	KDE Contact Information:		
Budget Contact – Phone # Nicole Crosthwaite Street Address City, KY Zip				
Street Address City, KY Zip Bescription/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number N/A Master Agreement Number Street Address 300 Sower Blvd Frankfort, KY 40601 PReceipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Description Other Beginning of Fiscal Year Other Beginning of Fiscal Year To Financial Reporting Method: Electronic Submission		Street Address 300 Sower Blvd		
City, KY Zip Frankfort, KY 40601 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number N/A N/A Master Agreement Number N/A Prankfort, KY 40601 PReimbursement Frequency: Monthly Quarterly Other Beginning of Fiscal Year Other Beginning of Fiscal Year To Financial Reporting Method: Electronic Submission		Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# MUNIS Project Number Master Agreement Number N/A Municological Year 14MG Master Agreement Number N/A Provider State General Funds N/A MUNIS Project Number 14MG Master Agreement Number N/A 10 Financial Reporting Method: Electronic Submission		Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care		City, KY Zip Frankfort, KY 40601		
Description School Based Mental Health Care Provider State General Funds N/A MUNIS Project Number Master Agreement Number N/A School Based Mental Health Care Provider State General Funds N/A 14MG N/A To Financial Reporting Method: Electronic Submission		Children,	9	Reimbursement Frequency:
Description School Based Mental Health Care Provider State General Funds N/A MUNIS Project Number Master Agreement Number N/A School Based Mental Health Care Provider State General Funds N/A 14MG N/A To Financial Reporting Method: Electronic Submission	3	Description/Fund Source of Award and Fiscal Year:		Monthly
Fund Source CFDA# MUNIS Project Number Master Agreement Number N/A State General Funds N/A 14MG N/A 10 Financial Reporting Method: Electronic Submission				Quarterly
CFDA# MUNIS Project Number Master Agreement Number N/A 14MG N/A 10 Financial Reporting Method: Electronic Submission		Provider		
MUNIS Project Number Master Agreement Number N/A 10 Financial Reporting Method: Electronic Submission		Fund Source State General Funds		
Master Agreement Number N/A 10 Financial Reporting Method: Electronic Submission		CFDA# N/A		
		MUNIS Project Number 14MG		
		Master Agreement Number N/A	10	Financial Reporting Method:
				Electronic Submission
4 Grant Authority (Source): KRS 158.4416	4	Grant Authority (Source): KRS 158.4416		☐ Other
5 Award Amount: \$43,095.00 11 Evaluations: Each program will be evaluated per	5	Award Amount: \$43,095.00	11	
specific program guidelines to be disseminated by		D i I CA		
6 Period of Award: KDE Program Contacts.	6		ta	NUE Program Contacts.
July 1, 2020-June 30, 2021	40			
12 Consortia/Partnership Members: N/A				
13 Special Instructions/Conditions:		•		
14 Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 30, 2020	14			Date: June 30, 2020
Division of Budgets & Financial Management		Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Carlisle County		State
	Street Address 4557 State Rt 1377 City, State Zip Bardwell, KY 42023	1	Federal
	City, State Zip Bardwell, KY 42023		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Carroll County		State
	Street Address 813 Hawkins Street City, State Zip Carrollton, KY 41008	1	Federal
	City, State Zip Carrollton, KY 41008		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds	>	Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	eal	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Carter County		State
	Street Address 228 S Carol Malone Blvd. City, State Zip Grayson, KY 41143	1	Federal
	City, State Zip Grayson, KY 41143		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	" Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
	The second secon	. •	Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	C		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Casey County		State
	Street Address 1922 N Us 127	1	Federal
	Street Address 1922 N Us 127 City, State Zip Liberty, KY 42539		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
		_	specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Caverna Ind.		State
	Street Address 1102 N Dixie Hwy City, State Zip Cave City, KY 42127	1-	Federal
	City, State Zip Cave City, KY 42127	71	Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: CommonWo	ea.	KDE Program Contacts.
40	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	
	Division of Dadgete a Financial Management		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Christian County	,	State
	Street Address 200 Glass Avenue City, State Zip Hopkinsville, KY 42240	1	Federal
	City, State Zip Hopkinsville, KY 42240		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Clark County		State
	Street Address 1600 W Lexington Avenue City, State Zip Winchester, KY 40391	1-	Federal
	City, State Zip Winchester, KY 40391		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	eal	KDE Program Contacts.
10	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	
	Division C. Daugete at . management		

Agency Name Street Address Street Address City, State Zip Manchester, KY 40962 KDE Contact Information: Program Consultant − Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact − Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# MUNIS Project Number N/A Master Agreement Number N/A 4 Grant Authority (Source): KRS 158.4416 State Federal Cash Request Expenditure Reimbursement Lump Sum Receipt of Invoice from Vendor	1	Name and Address of Recipient:	7	Fund Type:
Stock Contact Information: Federal Cash Request Federal Cash				State
Stock Contact Information: Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Automatic Payment Expenditure Reimbursement Lump Sum Receipt of Invoice from Vendor Receipt of Invoice from Vendor		Street Address 128 Richmond Road	4_	Federal
2 KDE Contact Information:		City, State Zip Manchester, KY 40962		Other:
2 KDE Contact Information:				40-
Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Automatic Payment Street Address 300 Sower Blvd Lump Sum Street Address 300 Sower Blvd Receipt of Invoice from Vendor Street Address 300 Sower Blvd Lump Sum Receipt of Invoice from Vendor Provider Monthly Quarterly Fund Source State General Funds CFDA# MUNIS Project Number 14MG Master Agreement Number N/A Program Consultant – Phone # Store Sower Blvd Lump Sum Receipt of Invoice from Vendor Reimbursement Frequency: Monthly Quarterly Quarterly Other Beginning of Fiscal Year Other Beginning Method: Electronic Submission Financial Reporting Method: Electronic Submission			8	
Street Address Budget Contact – Phone # Street Address City, KY Zip 300 Sower Blvd Frankfort, KY 40601 3 Description Fund Source CFDA# MUNIS Project Number Master Agreement Number Master Agreement Number Master Agreement Number Street Address 300 Sower Blvd Nicole Crosthwaite Neceipt of Invoice from Vendor Neceipt of Invoi	2	KDE Contact Information:		
Budget Contact − Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MG Master Agreement Number N/A 10 Financial Reporting Method: Electronic Submission				
Street Address City, KY Zip Street Address Frankfort, KY 40601 School Based Mental Health Care Date Address Frankfort, KY 40601 School Based Mental Health Care Date Address Frankfort, KY 40601 School Based Mental Health Care Date Address Frankfort, KY 40601 School Based Mental Health Care Date Address Frankfort, KY 40601 School Based Mental Health Care Date Address Frankfort, KY 40601 School Based Mental Health Care Date Address Frankfort, KY 40601 School Based Mental Health Care Date Address Frankfort, KY 40601 School Based Mental Health Care Date Address Frankfort, KY 40601 School Based Mental Health Care Date Address Frankfort, KY 40601 School Based Mental Health Care Date Address Frankfort, KY 40601 School Based Mental Health Care Date Address Frankfort, KY 40601 School Based Mental Hea		Street Address 300 Sower Blvd		
City, KY Zip Frankfort, KY 40601 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number N/A Master Agreement Number N/A Prankfort, KY 40601 PReimbursement Frequency: Monthly Quarterly Other Beginning of Fiscal Year Other Beginning of Fiscal Year To Financial Reporting Method: Electronic Submission		Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# MUNIS Project Number Master Agreement Number N/A Provider State General Funds N/A MUNIS Project Submission Provider State General Funds N/A 10 Financial Reporting Method: Electronic Submission		Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care		City, KY Zip Frankfort, KY 40601		
Description School Based Mental Health Care Provider State General Funds N/A MUNIS Project Number Master Agreement Number N/A School Based Mental Health Care Provider State General Funds N/A 14MG N/A To Financial Reporting Method: Electronic Submission		Children,	9	Reimbursement Frequency:
Description School Based Mental Health Care Provider State General Funds N/A MUNIS Project Number Master Agreement Number N/A School Based Mental Health Care Provider State General Funds N/A 14MG N/A To Financial Reporting Method: Electronic Submission	3	Description/Fund Source of Award and Fiscal Year:		Monthly
Fund Source CFDA# MUNIS Project Number Master Agreement Number N/A State General Funds N/A 14MG N/A 10 Financial Reporting Method: Electronic Submission				Quarterly
CFDA# MUNIS Project Number Master Agreement Number N/A 14MG N/A 10 Financial Reporting Method: Electronic Submission		Provider		
MUNIS Project Number Master Agreement Number N/A 10 Financial Reporting Method: Electronic Submission		Fund Source State General Funds		Other Beginning of Fiscal Year
Master Agreement Number N/A 10 Financial Reporting Method: ⊠ Electronic Submission		CFDA# N/A		
		MUNIS Project Number 14MG		
		Master Agreement Number N/A	10	Financial Reporting Method:
4 Grant Authority (Source): KRS 158.4416 Other				Electronic Submission
4 Grant Authority (Source): KRS 158.4416				
	4	Grant Authority (Source): KRS 158.4416		
	_			
5 Award Amount: \$43,095.00 11 Evaluations: Each program will be evaluated per	5	Award Amount: \$43,095.00	11	
specific program guidelines to be disseminated by				
6 Period of Award: KDE Program Contacts.	6		tai	NDE Program Contacts.
July 1, 2020-June 30, 2021	40			
12 Consortia/Partnership Members: N/A				
13 Special Instructions/Conditions:				
14 Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 30, 2020	14			Date: June 30, 2020
Division of Budgets & Financial Management		Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Clinton County	,	State
	Street Address 2353 Business 127 N City, State Zip Albany, KY 42602	1	Federal
	City, State Zip Albany, KY 42602		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipier	nt:	7	Fund Type:
	Agency Name Cloverport Ind.			State
	Street Address 214 W Main St	reet Depar	1	Federal
	City, State Zip Cloverport, KY	40111		Other:
				16-
		C	8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement
	Street Address	300 Sower Blvd		Automatic Payment
	Budget Contact – Phone #	Nicole Crosthwaite		∠ Lump Sum
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children,	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	School Based Mental Health Care		Quarterly
		Provider		
	Fund Source	State General Funds		Other Beginning of Fiscal Year
	CFDA#	N/A		
	MUNIS Project Number	14MG		
	Master Agreement Number	N/A	10	Financial Reporting Method:
				Electronic Submission
		2.450.4440		
4	Grant Authority (Source): KR	5 158.4416		Other Other
_	Award Amounts \$42,005,00	- Out	11	Evaluational Each program will be evaluated nor
5	Award Amount: \$43,095.00	Our	111	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by
6	Period of Award:	Commont		KDE Program Contacts.
0	July 1, 2020-June 30, 2021	COMMITTEE	ta.	TABLE 1 Togram Contacts.
12	Consortia/Partnership Membe	rs· N/A		
13	Special Instructions/Condition			
14	•	licole Crosthwaite, Budget Branch		Date: June 30, 2020
14		ivision of Budgets & Financial Managemer	t C	Date. Julie 30, 2020
	<u> </u>	TVISION OF BUUGCUS & Financial Managemen		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Corbin Ind.	,	State
	Street Address 108 Roy Kidd Avenue City, State Zip Corbin, KY 40701	1	Federal
	City, State Zip Corbin, KY 40701		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	eal	KDE Program Contacts.
40	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Covington Ind.		State
	Street Address 25 E Seventh Street City, State Zip Covington, KY 41011	4_	Federal
	City, State Zip Covington, KY 41011		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
_			
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonw	tai	KDE Program Contacts.
40	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Managemen	t	Date: June 30, 2020

Agency Name Street Address City, State Zip Marion, KY 42064 State Federal Cotty, State Zip Marion, KY 42064 State Federal Cotty, State Zip Marion, KY 42064 State Federal Cotty City, State Zip Marion, KY 42064 State Federal Cotty City, State Zip Marion, KY 42064 State Zip Marion, KY 42064 State Zip Marion, KY 42064 State Zip	1	Name and Address of Recipient:	7	Fund Type:
Street Address Receipt of Invoice from Vendor		Agency Name Crittenden County		State
Street Address Receipt of Invoice from Vendor		Street Address 601 W Elm Street	4_	☐ Federal
Street Address Receipt of Invoice from Vendor		City, State Zip Marion, KY 42064		Other:
Contact Information: Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Quarterly Quarterly Quarterly Other Beginning of Fiscal Year Other Beginning of Fiscal Year Street Address Address Street Address Automatic Payment Aut				40
Program Consultant – Phone # Christina Weeter Street Address Budget Contact – Phone # Nicole Crosthwaite Street Address City, KY Zip Description Frankfort, KY 40601 Description Fund Source Fund Source CFDA# MUNIS Project Number Master Agreement Number N/A Program Consultant – Phone # Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Prankfort, KY 40601 Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Quarterly Other Beginning of Fiscal Year Other Beginning of Fiscal Year In Financial Reporting Method:			8	
Street Address Budget Contact – Phone # Street Address City, KY Zip Description/Fund Source of Award and Fiscal Year: Description State General Funds CFDA# MUNIS Project Number Master Agreement Number N/A Street Address 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Nicole Crosthwaite Nicole Crosthwaite Nicole Crosthwaite Nicole Crosthwaite Nicole Crosthwaite Lump Sum Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Other Other Beginning of Fiscal Year To Financial Reporting Method:	2	KDE Contact Information:		
Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd Receipt of Invoice from Vendor City, KY Zip Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds N/A MUNIS Project Number N/A Master Agreement Number N/A Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Quarterly: Other Beginning of Fiscal Year To Financial Reporting Method:				
Street Address City, KY Zip Bescription/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number N/A Street Address Award and Fiscal Year: Monthly Quarterly Quarterly Other Beginning of Fiscal Year Other Beginning of Fiscal Year To Financial Reporting Method:		Street Address 300 Sower Blvd		Automatic Payment
City, KY Zip Frankfort, KY 40601 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number N/A MINIS Project Number Master Agreement Number N/A MUNIS Project Number N/A MINIS Project Number N/A		Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# MUNIS Project Number Master Agreement Number N/A 9 Reimbursement Frequency: Monthly Quarterly Other Beginning of Fiscal Year Other In ancial Reporting Method:		Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care		City, KY Zip Frankfort, KY 40601		
Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number School Based Mental Health Care Provider State General Funds N/A Other Beginning of Fiscal Year Other Financial Reporting Method:		Children,	9	Reimbursement Frequency:
Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number School Based Mental Health Care Provider State General Funds N/A Other Beginning of Fiscal Year Other Financial Reporting Method:	3	Description/Fund Source of Award and Fiscal Year:		Monthly
Fund Source CFDA# MUNIS Project Number Master Agreement Number N/A State General Funds N/A Dother Beginning of Fiscal Year Dother Beginning of Fiscal Year The state General Funds N/A Dother Beginning of Fiscal Year The state General Funds N/A The state General Funds N/A				Quarterly
CFDA# N/A MUNIS Project Number 14MG Master Agreement Number N/A 10 Financial Reporting Method:		Provider		
MUNIS Project Number 14MG Master Agreement Number N/A 10 Financial Reporting Method:		Fund Source State General Funds		Other Beginning of Fiscal Year
Master Agreement Number N/A 10 Financial Reporting Method:		CFDA# N/A		
		MUNIS Project Number 14MG		
		Master Agreement Number N/A	10	Financial Reporting Method:
				Electronic Submission
4 Grant Authority (Source): KRS 158.4416	4	Grant Authority (Source): KRS 158.4416		☐ Other
	_			
5 Award Amount: \$43,095.00 11 Evaluations: Each program will be evaluated per	5	Award Amount: \$43,095.00	11	
specific program guidelines to be disseminated by				
6 Period of Award: KDE Program Contacts.	6		tai	NUE Program Contacts.
July 1, 2020-June 30, 2021	40			
12 Consortia/Partnership Members: N/A				
13 Special Instructions/Conditions:				
14 Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 30, 2020	14			Date: June 30, 2020
Division of Budgets & Financial Management		Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Cumberland County		State
	Street Address 810 N Main Street City, State Zip Burkesville, KY 42717	1	Federal
	City, State Zip Burkesville, KY 42717		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		○ Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonw	ea.	KDE Program Contacts.
4-	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Danville Ind.	,	State
	Street Address 152 E. Martin Luther King Blvd. City. State Zip Danville, KY 40422	1	Federal
	City, State Zip Danville, KY 40422		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Daviess County	,	State
	Street Address 1622 Southeastern Parkway City, State Zip Owensboro, KY 42303	1	Federal
	City, State Zip Owensboro, KY 42303		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	eal	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Dawson Springs Ind.	_	State
	Street Address 118 E Arcadia Avenue City, State Zip Dawson Springs, KY 42408	4_	Federal
	City, State Zip Dawson Springs, KY 42408		Other:
			40-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds	7	Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: CommonWo	eal	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	
	Division of budgets & Financial Managemen	L	

1	Name and Address of Recipier	nt:	7	Fund Type:
	Agency Name Dayton Ind.			State
	Street Address 200 Clay Stree	t Denar	1	Federal
	City, State Zip Dayton, KY 41	ot Depar		Other:
				16-
		C	8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement
	Street Address	300 Sower Blvd		Automatic Payment
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		T Uniiaren,	9	Reimbursement Frequency:
3	Description/Fund Source of Av	ward and Fiscal Year:		Monthly
	Description	School Based Mental Health Care		Quarterly
		Provider		
	Fund Source	State Ge <mark>neral Funds</mark>		Other Beginning of Fiscal Year
	CFDA#	N/A		
	MUNIS Project Number	14MG		
	Master Agreement Number	N/A	10	Financial Reporting Method:
				Electronic Submission
4	Grant Authority (Source): KR	5 158.4416		Other
			.	
5	Award Amount: \$43,095.00	Our	11	Evaluations: Each program will be evaluated per
_	Deviced of Assessed	Commons		specific program guidelines to be disseminated by
6	Period of Award:	Commonw	ta.	KDE Program Contacts.
40	July 1, 2020-June 30, 2021	N1/A		
12	Consortia/Partnership Membe			
13	Special Instructions/Condition			
14		icole Crosthwaite, Budget Branch		Date: June 30, 2020
	D	ivision of Budgets & Financial Managemer	nt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name East Bernstadt Ind.		State
	Street Address 296 East Highway 3094 City, State Zip East Bernstadt, KY 40729	1	Federal
	City, State Zip East Bernstadt, KY 40729		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonw	ea.	KDE Program Contacts.
40	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Edmonson County	,	State
	Street Address 100 Wildcat Way City, State Zip Brownsville, KY 42210	1	Federal
	City, State Zip Brownsville, KY 42210		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Elizabethtown Ind.		State
	Street Address 219 Helm Street City, State Zip Elizabethtown, KY 42701	1	Federal
	City, State Zip Elizabethtown, KY 42701		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		○ Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Elliott County	,	State
	Street Address P.O. Box 767	1	Federal
	Street Address P.O. Box 767 City, State Zip Sandy Hook, KY 41171		Other:
			18-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	2.2	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipie	nt:	7	Fund Type:
	Agency Name Eminence Ind.			State
	Street Address 291 West Broa	adway Street 10019	4_	Federal
	City, State Zip Eminence, KY	40019		Other:
				10-
		C	8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement
	Street Address	300 Sower Blvd		Automatic Payment
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
	(), (), (), (), (), (), (), (),	V Children.	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	School Based Mental Health Care		Quarterly
	2 desirpueri	Provider		
	Fund Source	State General Funds		
	CFDA#	N/A		
	MUNIS Project Number	14MG		
	Master Agreement Number	N/A	10	Financial Reporting Method:
	master / tg/ estimate / tallisa			Electronic Submission
				Z Ziostionio casimosichi
4	Grant Authority (Source): KR	S 158.4416		Other
5	Award Amount: \$43,095.00	()11r	11	Evaluations: Each program will be evaluated per
				specific program guidelines to be disseminated by
6	Period of Award:	Commonw	22	KDE Program Contacts.
	July 1, 2020-June 30, 2021	COMMISSION		
12	Consortia/Partnership Membe	rs: N/A		
13	Special Instructions/Condition	ns:		
14		licole Crosthwaite, Budget Branch		Date: June 30, 2020
		ivision of Budgets & Financial Managemer	nt	
·				

Agency Name Street Address 500 Graves Avenue City, State Zip Erlanger, KY 41018 2 KDE Contact Information: Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601 3 Description School Based Mental Health Care Provider Fund Source CFDA# N/A MUNIS Project Number 14MG Agency Name State
Receipt of Invoice from Vendor
Receipt of Invoice from Vendor Street Address Street Address 300 Sower Blvd Receipt of Invoice from Vendor Receipt of Invoice from Vendor 3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds N/A MUNIS Project Number 14MG Monthly Monthly Monthly Monthly State General Funds Monthly Mo
XDE Contact Information: Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Nicole Crosthwaite Street Address 300 Sower Blvd Automatic Payment Lump Sum Receipt of Invoice from Vendor Receipt of Invoice from Vendor
XDE Contact Information: Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Nicole Crosthwaite Street Address 300 Sower Blvd Automatic Payment Lump Sum Receipt of Invoice from Vendor Receipt of Invoice from Vendor
Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip 5 Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description
Street Address Budget Contact – Phone # Street Address City, KY Zip Secription/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Street Address 300 Sower Blvd Nicole Crosthwaite
Budget Contact – Phone # Nicole Crosthwaite Street Address City, KY Zip
Street Address City, KY Zip Bescription/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Street Address 300 Sower Blvd Frankfort, KY 40601 Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Quarterly: Other Beginning of Fiscal Year Other Beginning of Fiscal Year
City, KY Zip Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds N/A MUNIS Project Number 14MG City, KY Zip
3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# MUNIS Project Number 9 Reimbursement Frequency: Monthly Quarterly Other Beginning of Fiscal Year
3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# MUNIS Project Number 14MG Monthly Quarterly Monthly Quarterly Other Beginning of Fiscal Year
Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number School Based Mental Health Care Provider State General Funds N/A MUNIS Project Number School Based Mental Health Care Provider State General Funds N/A MUNIS Project Number School Based Mental Health Care Provider State General Funds N/A MUNIS Project Number
Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number School Based Mental Health Care Provider State General Funds N/A MUNIS Project Number School Based Mental Health Care Provider State General Funds N/A MUNIS Project Number School Based Mental Health Care Provider State General Funds N/A MUNIS Project Number
Fund Source CFDA# MUNIS Project Number State General Funds N/A 14MG Other Beginning of Fiscal Year
CFDA# N/A MUNIS Project Number 14MG
MUNIS Project Number 14MG
Master Agreement Number N/A 10 Financial Reporting Method:
4 Grant Authority (Source): KRS 158.4416
5 Award Amount: \$43,095.00 11 Evaluations: Each program will be evaluated per
specific program guidelines to be disseminated by
6 Period of Award: KDE Program Contacts.
July 1, 2020-June 30, 2021
12 Consortia/Partnership Members: N/A
13 Special Instructions/Conditions:
14 Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 30, 2020
Division of Budgets & Financial Management

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Estill County		State
	Street Address 253 Main Street City, State Zip Irvine, KY 40336	1	Federal
	City, State Zip Irvine, KY 40336		Other:
			78-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
		. •	Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	C		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

Agency Name Street Address 2100 Main Street City, State Zip Ashland, KY 41102 City, State Zip	1	Name and Address of Recipient:	7	Fund Type:
Street Address 300 Sower Blvd Street Address 300 Sower Blvd Street Address 300 Sower Blvd Automatic Payment Lump Sum Receipt of Invoice from Vendor Street Address 300 Sower Blvd Receipt of Invoice from Vendor Receipt of Invoice from Vendor School Based Mental Health Care Provider Fund Source State General Funds N/A MUNIS Project Number 14MG Master Agreement Number N/A MINIS Project Number				State
Street Address Str		Street Address 2100 Main Street	4_	Federal
Contact Information: Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Quarterly Quarterly Quarterly Other Beginning of Fiscal Year Other Beginning of Fiscal Year Street Address Address Street Address Automatic Payment Aut		City, State Zip Ashland, KY 41102		Other:
Contact Information: Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Quarterly Quarterly Quarterly Other Beginning of Fiscal Year Other Beginning of Fiscal Year Street Address Address Street Address Automatic Payment Aut				40-
Program Consultant – Phone # Christina Weeter Street Address Budget Contact – Phone # Nicole Crosthwaite Street Address City, KY Zip Description Frankfort, KY 40601 Description Fund Source Fund Source CFDA# MUNIS Project Number Master Agreement Number N/A Program Consultant – Phone # Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Prankfort, KY 40601 Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Quarterly Other Beginning of Fiscal Year Other Beginning of Fiscal Year In Financial Reporting Method:			8	
Street Address Budget Contact – Phone # Street Address City, KY Zip Description/Fund Source of Award and Fiscal Year: Description State General Funds CFDA# MUNIS Project Number Master Agreement Number N/A Street Address 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Nicole Crosthwaite Nicole Crosthwaite Nicole Crosthwaite Nicole Crosthwaite Nicole Crosthwaite Lump Sum Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Other Other Beginning of Fiscal Year To Financial Reporting Method:	2	KDE Contact Information:		
Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd Receipt of Invoice from Vendor City, KY Zip Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds N/A MUNIS Project Number N/A Master Agreement Number N/A Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Quarterly: Other Beginning of Fiscal Year To Financial Reporting Method:				
Street Address City, KY Zip Bescription/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number N/A Street Address Award and Fiscal Year: Monthly Quarterly Quarterly Other Beginning of Fiscal Year Other Beginning of Fiscal Year To Financial Reporting Method:		Street Address 300 Sower Blvd		Automatic Payment
City, KY Zip Frankfort, KY 40601 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number N/A MINIS Project Number Master Agreement Number N/A MUNIS Project Number N/A MINIS Project Number N/A		Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# MUNIS Project Number Master Agreement Number N/A 9 Reimbursement Frequency: Monthly Quarterly Other Beginning of Fiscal Year Other In ancial Reporting Method:		Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care		City, KY Zip Frankfort, KY 40601		
Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number School Based Mental Health Care Provider State General Funds N/A Dother Beginning of Fiscal Year Dother N/A To Financial Reporting Method:		Children,	9	Reimbursement Frequency:
Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number School Based Mental Health Care Provider State General Funds N/A Other Beginning of Fiscal Year Other Financial Reporting Method:	3	Description/Fund Source of Award and Fiscal Year:		Monthly
Fund Source CFDA# MUNIS Project Number Master Agreement Number State General Funds N/A State General Funds N/A Dother Beginning of Fiscal Year The state General Funds N/A Dother Beginning of Fiscal Year The state General Funds N/A The stat				Quarterly
CFDA# N/A MUNIS Project Number 14MG Master Agreement Number N/A 10 Financial Reporting Method:		Provider		
MUNIS Project Number 14MG Master Agreement Number N/A 10 Financial Reporting Method:		Fund Source State General Funds		Other Beginning of Fiscal Year
Master Agreement Number N/A 10 Financial Reporting Method:		CFDA# N/A		
		MUNIS Project Number 14MG		
		Master Agreement Number N/A	10	Financial Reporting Method:
				Electronic Submission
4 Grant Authority (Source): KRS 158.4416	4	Grant Authority (Source): KRS 158.4416		
			4.4	
5 Award Amount: \$43,095.00 11 Evaluations: Each program will be evaluated per	5	Award Amount: \$43,095.00	11	
specific program guidelines to be disseminated by				
6 Period of Award: KDE Program Contacts.	6		tal	KDE Program Contacts.
July 1, 2020-June 30, 2021	40			
12 Consortia/Partnership Members: N/A				
13 Special Instructions/Conditions:				
14 Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 30, 2020	14			Date: June 30, 2020
Division of Budgets & Financial Management		Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Fayette County	· ·	State
	Street Address 701 East Main Street City, State Zip Lexington, KY 40505	1	Federal
	City, State Zip Lexington, KY 40505		Other:
			40-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds	7	Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
_			
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonw	eal	KDE Program Contacts.
40	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14			Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Managemen	t	Date: June 30, 2020

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Fleming County		State
	Street Address 211 W Water Street City, State Zip Flemingsburg, KY 41041	1-	Federal
	City, State Zip Flemingsburg, KY 41041		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		○ Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Floyd County		State
	Street Address 106 North Front Avenue City, State Zip Prestonsburg, KY 41653	1	☐ Federal
	City, State Zip Prestonsburg, KY 41653		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Fort Thomas Ind.		State
	Street Address 28 N Ft Thomas Avenue City, State Zip Fort Thomas, KY 41075	4_	Federal
	City, State Zip Fort Thomas, KY 41075		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
_			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	eal	KDE Program Contacts.
40	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Frankfort Ind.		State
	Street Address 959 Leestown Lane	1	Federal
	Street Address 959 Leestown Lane City, State Zip Frankfort, KY 40601		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Common Wo	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Franklin County	,	State
	Street Address 190 Kings Daughters Drive #300 City State Zip Frankfort KY 40601	1	Federal
	City, State Zip Frankfort, KY 40601		Other:
			18-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		203
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
	9		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	2.2	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Fulton County		State
	Street Address 2780 Moscow Avenue City, State Zip Hickman, KY 42050	1-	☐ Federal
	City, State Zip Hickman, KY 42050		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: CommonWo	eal	KDE Program Contacts.
40	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	
	Division of budgets & Financial Managemen		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Fulton Ind.	_	State
	Street Address 304 West State Line City, State Zip Fulton, KY 42041	1	Federal
	City, State Zip Fulton, KY 42041		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		☐ Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: CommonWo	eal	KDE Program Contacts.
40	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	
ı	Division of Budgets & Financial Managemen	L	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Gallatin County		State
	Street Address 600 E Main Street City, State Zip Warsaw, KY 41095	1	Federal
	City, State Zip Warsaw, KY 41095		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		○ Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Garrard County		State
	Street Address 322 West Maple Avenue City, State Zip Lancaster, KY 40444	1	Federal
	City, State Zip Lancaster, KY 40444		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		203
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	2.2	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	
	711160		

Agency Name Street Address City, State Zip Glasgow, KY 42142 State Federal Cother:	1	Name and Address of Recipient:	7	Fund Type:
Street Address 300 Sower Blvd Automatic Payment Lump Sum Receipt of Invoice from Vendor Receipt of Invoice from Vendor				State
Street Address 300 Sower Blvd Automatic Payment Lump Sum Receipt of Invoice from Vendor Receipt of Invoice from Vendor		Street Address 711 S. L. Rogers Wells Blvd.	4_	Federal
Contact Information: Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Quarterly Quarterly Quarterly Other Beginning of Fiscal Year Other Beginning of Fiscal Year Street Address Address Street Address Automatic Payment Aut		City, State Zip Glasgow, KY 42142		Other:
Contact Information: Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Quarterly Quarterly Quarterly Other Beginning of Fiscal Year Other Beginning of Fiscal Year Street Address Address Street Address Automatic Payment Aut				40-
Program Consultant – Phone # Christina Weeter Street Address Budget Contact – Phone # Nicole Crosthwaite Street Address City, KY Zip Description Frankfort, KY 40601 Description Fund Source Fund Source CFDA# MUNIS Project Number Master Agreement Number N/A Program Consultant – Phone # Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Prankfort, KY 40601 Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Quarterly Other Beginning of Fiscal Year Other Beginning of Fiscal Year In Financial Reporting Method:			8	
Street Address Budget Contact – Phone # Street Address City, KY Zip Description/Fund Source of Award and Fiscal Year: Description State General Funds CFDA# MUNIS Project Number Master Agreement Number N/A Street Address 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Nicole Crosthwaite Nicole Crosthwaite Nicole Crosthwaite Nicole Crosthwaite Nicole Crosthwaite Lump Sum Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Other Other Beginning of Fiscal Year To Financial Reporting Method:	2	KDE Contact Information:		
Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd Receipt of Invoice from Vendor City, KY Zip Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds N/A MUNIS Project Number N/A Master Agreement Number N/A Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Quarterly: Other Beginning of Fiscal Year To Financial Reporting Method:				
Street Address City, KY Zip Bescription/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number N/A Street Address Award and Fiscal Year: Monthly Quarterly Quarterly Other Beginning of Fiscal Year Other Beginning of Fiscal Year To Financial Reporting Method:		Street Address 300 Sower Blvd		
City, KY Zip Frankfort, KY 40601 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number N/A MINIS Project Number N/A Provider N/A School Based Mental Health Care Provider State General Funds N/A MUNIS Project Number N/A To Financial Reporting Method:		Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# MUNIS Project Number Master Agreement Number N/A 9 Reimbursement Frequency: Monthly Quarterly Other Beginning of Fiscal Year Other In ancial Reporting Method:		Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care		City, KY Zip Frankfort, KY 40601		
Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number School Based Mental Health Care Provider State General Funds N/A Other Beginning of Fiscal Year Other Financial Reporting Method:		Children,	9	Reimbursement Frequency:
Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number School Based Mental Health Care Provider State General Funds N/A Other Beginning of Fiscal Year Other Financial Reporting Method:	3	Description/Fund Source of Award and Fiscal Year:		Monthly
Fund Source CFDA# MUNIS Project Number Master Agreement Number N/A State General Funds N/A Dother Beginning of Fiscal Year Dother Beginning of Fiscal Year The state General Funds N/A Dother Beginning of Fiscal Year The state General Funds N/A The state General Funds N/A				Quarterly
CFDA# N/A MUNIS Project Number 14MG Master Agreement Number N/A 10 Financial Reporting Method:		Provider		
MUNIS Project Number 14MG Master Agreement Number N/A 10 Financial Reporting Method:		Fund Source State General Funds		Other Beginning of Fiscal Year
Master Agreement Number N/A 10 Financial Reporting Method:		CFDA# N/A		
		MUNIS Project Number 14MG		
Flectronic Submission		Master Agreement Number N/A	10	Financial Reporting Method:
Z Electronic capitalecter				Electronic Submission
4 Grant Authority (Source): KRS 158.4416	4	Grant Authority (Source): KRS 158.4416		
	_			
5 Award Amount: \$43,095.00 11 Evaluations: Each program will be evaluated per	5	Award Amount: \$43,095.00	11	
specific program guidelines to be disseminated by				
6 Period of Award: KDE Program Contacts.	6		ta	NDE Program Contacts.
July 1, 2020-June 30, 2021	40			
12 Consortia/Partnership Members: N/A				
13 Special Instructions/Conditions:		•		
14 Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 30, 2020	14			Date: June 30, 2020
Division of Budgets & Financial Management		Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipie	nt:	7	Fund Type:	
	Agency Name Grant County			State	
	Street Address 820 Arnie Rise	en Boulevard	1	Federal	
	City, State Zip Williamstown,			Other:	
				Ja	
			8	Method of Payment:	
2	KDE Contact Information:	·A	1	Federal Cash Request	
-	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement	
	Street Address	300 Sower Blvd		Automatic Payment	
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum	
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor	
				Receipt of invoice from vendor	
	City, KY Zip	Frankfort, KY 40601			
		Ciliidi Cii,	9	Reimbursement Frequency:	
3	Description/Fund Source of A			Monthly	
	Description	School Based Mental Health Care		Quarterly	
		Provider			
	Fund Source	State General Funds		Other Beginning of Fiscal Year	
	CFDA#	N/A			
	MUNIS Project Number	14MG			
	Master Agreement Number	N/A	10	Financial Reporting Method:	
				Electronic Submission	
4	Grant Authority (Source): KR	S 158.4416		Other	
5	Award Amount: \$43,095.00	()111	11	Evaluations: Each program will be evaluated per	
		Our		specific program guidelines to be disseminated by	
6	Period of Award:	Commonw	22	KDE Program Contacts.	
	July 1, 2020-June 30, 2021	Committee			
12	Consortia/Partnership Membe	rs: N/A	•		
13	Special Instructions/Condition	ns:			
14	Authorized By (Name/Title): N	licole Crosthwaite, Budget Branch		Date: June 30, 2020	
	Division of Budgets & Financial Management				
	1				

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Graves County		State
	Street Address 2290 State Rt 121 N. City, State Zip Mayfield, KY 42066	1	Federal
	City, State Zip Mayfield, KY 42066		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		○ Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Grayson County	,	State
	Street Address 790 Shaw Station Road	1	Federal
	Street Address 790 Shaw Station Road City, State Zip Leitchfield, KY 42755		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Green County		State
	Street Address 206 West Court Street City, State Zip Greensburg, KY 42743	1	Federal
	City, State Zip Greensburg, KY 42743		Other:
			78-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	" Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
	The second secon	. •	Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	Odi		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Greenup County		State
	Street Address 45 Musketeer Drive City, State Zip Greenup, KY 41144	1-	☐ Federal
	City, State Zip Greenup, KY 41144		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
_			
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	tal	KDE Program Contacts.
40	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14			Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Managemen	t	Date: June 30, 2020

1	Name and Address of Recipie	nt:	7	Fund Type:
	Agency Name Hancock Coun	ity		State
	Street Address 83 State Route	2 3543	1	Federal
	City, State Zip Hawesville, KY	e 3543 / 42348 Depar		Other:
	,			10
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement
	Street Address	300 Sower Blvd		Automatic Payment
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		Treodipt of invoice from vendor
	City, KT Zip	Trankion, KT 40001	9	Reimbursement Frequency:
2	December / Fund Source of A	Word and Finest Very	9	
3	Description/Fund Source of A			Monthly Quarterly
	Description	School Based Mental Health Care		Quarterly
		Provider		
	Fund Source	State General Funds		Other Beginning of Fiscal Year
	CFDA#	N/A		
	MUNIS Project Number	14 <mark>MG</mark>		
	Master Agreement Number	N/A	10	Financial Reporting Method:
				Electronic Submission
	0 14 11 11 (0 1 1 10	0.450.4440		
4	Grant Authority (Source): KR	5 158.4416		Other Other
			1.4	
5	Award Amount: \$43,095.00	Our	11	Evaluations: Each program will be evaluated per
				specific program guidelines to be disseminated by
6	Period of Award:		ea.	KDE Program Contacts.
	July 1, 2020-June 30, 2021			
12	Consortia/Partnership Membe			
13	Special Instructions/Condition	is:		
14	Authorized By (Name/Title): N	licole Crosthwaite, Budget Branch		Date: June 30, 2020
		ivision of Budgets & Financial Managemer	nt	
		YUIICAI		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Hardin County	,	State
	Street Address 65 W A Jenkins Road City, State Zip Elizabethtown, KY 42701	1	Federal
	City, State Zip Elizabethtown, KY 42701		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$86,190.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Harlan County		State
	Street Address 251 Ball Park Road City, State Zip Harlan, KY 40831	1	Federal
	City, State Zip Harlan, KY 40831		Other:
			78-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	C		specific program guidelines to be disseminated by
6	Period of Award:	Pa	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Harlan Ind.		State
	Street Address 420 E Central Street City, State Zip Harlan, KY 40831	1-	Federal
	City, State Zip Harlan, KY 40831		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		○ Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Harrison County	,	State
	Street Address 308 Webster Avenue City, State Zip Cynthiana, KY 41031	1	Federal
	City, State Zip Cynthiana, KY 41031		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
_			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	eal	KDE Program Contacts.
4.0	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Hart County	,	State
	Street Address 25 Quality Street City, State Zip Munfordville, KY 42765	1	Federal
	City, State Zip Munfordville, KY 42765		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Hazard Ind.		State
	Street Address 705 Main Street City, State Zip Hazard, KY 41701	1	Federal
	City, State Zip Hazard, KY 41701		Other:
			78-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
	9		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Henderson County		State
	Street Address 1805 Second Street City, State Zip Henderson, KY 42420	1	Federal
	City, State Zip Henderson, KY 42420		Other:
			78-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
	master / tgreement tallies	. •	Electronic Submission
			Z Zissi sine sasimosisii
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Henry County	,	State
	Street Address 326 S Main Street City, State Zip New Castle, KY 40050	1	Federal
	City, State Zip New Castle, KY 40050		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd	4	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Hickman County	,	State
	Street Address 416 Waterfield Drive North City, State Zip Clinton, KY 42031	1	Federal
	City, State Zip Clinton, KY 42031		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	eal	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Hopkins County	,	State
	Street Address 320 S Seminary Street City, State Zip Madisonville, KY 42431	1	Federal
	City, State Zip Madisonville, KY 42431		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	eal	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Jackson County	,	State
	Street Address 3331 Hwy 421 South City, State Zip McKee, KY 40447	1	Federal
	City, State Zip McKee, KY 40447		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Jackson Ind.	,	State
	Street Address 940 Highland Avenue City, State Zip Jackson, KY 41339	1	Federal
	City, State Zip Jackson, KY 41339		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Jefferson County		State
	Street Address 3332 Newburg Road City, State Zip Louisville, KY 40218	1-	Federal
	City, State Zip Louisville, KY 40218		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Jenkins Ind.		State
	Street Address 9409 Hwy 805 City, State Zip Jenkins, KY 41537	1	Federal
	City, State Zip Jenkins, KY 41537		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	O G		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Jessamine County		State
	Street Address 871 Wilmore Road City, State Zip Nicholasville, KY 40356	1	Federal
	City, State Zip Nicholasville, KY 40356		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		○ Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Johnson County		State
	Street Address 253 North Mayo Trail City, State Zip Paintsville, KY 41240	1	Federal
	City, State Zip Paintsville, KY 41240		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea.	KDE Program Contacts.
40	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

Agency Name Street Address City, State Zip Fort Wright, KY 41017 State	1	Name and Address of Recipient:	7	Fund Type:
Street Address 300 Sower Blvd Street Address 300 Sower Blvd Street Address 300 Sower Blvd Automatic Payment Lump Sum Receipt of Invoice from Vendor Street Address 300 Sower Blvd Receipt of Invoice from Vendor Street Address 300 Sower Blvd Receipt of Invoice from Vendor Street Address 300 Sower Blvd Receipt of Invoice from Vendor Street Address Street Address Street Address Receipt of Invoice from Vendor Receipt of Invoice from Vendor Street Address Street Address Street Address Receipt of Invoice from Vendor Receipt of Invoice from Vendor Street Address Street Address Street Address Street Address Receipt of Invoice from Vendor Receipt of Invoice from Vendor Street Address				State
Street Address 300 Sower Blvd Street Address 300 Sower Blvd Street Address 300 Sower Blvd Automatic Payment Lump Sum Receipt of Invoice from Vendor		Street Address 1055 Eaton Drive	1	Federal
Z KDE Contact Information: Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Nicole Crosthwaite Street Address 300 Sower Blvd Automatic Payment Lump Sum Receipt of Invoice from Vendor Other Other Receipt of Invoice from Vendor Other Receipt of Invoice from Vendor Other Other Receipt of Invoice from Vendor Other Other Receipt of Invoice from Vendor Other Other Other Receipt of Invoice from Vendor Other Other Other Receipt of Invoice from Vendor Other Othe		City, State Zip Fort Wright, KY 41017		Other:
Z KDE Contact Information: Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Nicole Crosthwaite Street Address 300 Sower Blvd Automatic Payment Lump Sum Receipt of Invoice from Vendor Other Other Receipt of Invoice from Vendor Other Receipt of Invoice from Vendor Other Other Receipt of Invoice from Vendor Other Other Receipt of Invoice from Vendor Other Other Other Receipt of Invoice from Vendor Other Other Other Receipt of Invoice from Vendor Other Othe				40
Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip 5 Frankfort, KY 40601 3 Description			8	
Street Address Budget Contact – Phone # Street Address City, KY Zip 300 Sower Blvd City, KY Zip Frankfort, KY 40601 Pescription/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number Master Agreement Number N/A Street Address Automatic Payment Lump Sum Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Other Description School Based Mental Health Care Provider Fund Source CFDA# N/A MUNIS Project Number N/A Master Agreement Number N/A To Financial Reporting Method:	2	KDE Contact Information:		
Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number N/A Master Agreement Number N/A Budget Contact – Phone # Nicole Crosthwaite				
Street Address City, KY Zip Bescription/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number N/A Street Address Award and Fiscal Year: Monthly Quarterly Quarterly Other Beginning of Fiscal Year Other Beginning of Fiscal Year To Financial Reporting Method:		Street Address 300 Sower Blvd		Automatic Payment
City, KY Zip Frankfort, KY 40601 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number N/A Provider N/A Reimbursement Frequency: Monthly Quarterly Other Beginning of Fiscal Year Other Beginning of Fiscal Year To Financial Reporting Method:		Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# MUNIS Project Number Master Agreement Number N/A Provider N/A Provider N/A School Based Mental Health Care Provider N/A State General Funds N/A Dother Beginning of Fiscal Year Description N/A Nonthly Description Nonthly Description Description Nonthly Description Description Nonthly Description		Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care		City, KY Zip Frankfort, KY 40601		
Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number School Based Mental Health Care Provider State General Funds N/A Dother Beginning of Fiscal Year Dother N/A 10 Financial Reporting Method:		Children,	9	Reimbursement Frequency:
Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number School Based Mental Health Care Provider State General Funds N/A Dother Beginning of Fiscal Year Dother N/A 10 Financial Reporting Method:	3	Description/Fund Source of Award and Fiscal Year:		Monthly
Fund Source CFDA# MUNIS Project Number Master Agreement Number State General Funds N/A State General Funds N/A Dother Beginning of Fiscal Year The state General Funds N/A Dother Beginning of Fiscal Year The state General Funds N/A The stat				Quarterly
CFDA# N/A MUNIS Project Number 14MG Master Agreement Number N/A 10 Financial Reporting Method:		Provider		
MUNIS Project Number 14MG Master Agreement Number N/A 10 Financial Reporting Method:		Fund Source State General Funds	7	
Master Agreement Number N/A 10 Financial Reporting Method:		CFDA# N/A		
		MUNIS Project Number 14MG		
☐ Electronic Submission		Master Agreement Number N/A	10	Financial Reporting Method:
				Electronic Submission
4 Grant Authority (Source): KRS 158.4416	4	Grant Authority (Source): KRS 158.4416		☐ Other
5 Award Amount: \$43,095.00 11 Evaluations: Each program will be evaluated per	5	Award Amount: \$43,095.00	11	
specific program guidelines to be disseminated by				
6 Period of Award: KDE Program Contacts.	6		ta	NUE Program Contacts.
July 1, 2020-June 30, 2021	40			
12 Consortia/Partnership Members: N/A				
13 Special Instructions/Conditions:				
14 Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 30, 2020	14			Date: June 30, 2020
Division of Budgets & Financial Management		Division of Budgets & Financial Managemen	t	

Agency Name Street Address City, State Zip Hindman Bypass City, State Zip Hindman, KY 41822 **Method of Payment: Federal Cother: **Method of Payment: Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor **Street Address Sudo Sower Blvd Street Address Sudo Sower Blvd Street Address Sudo Sower Blvd Street Address Sudo Sower Blvd Receipt of Invoice from Vendor **3 Description/Fund Source of Award and Fiscal Year: Provider Fund Source CFDA# N/A MUNIS Project Number N/A N/A Master Agreement Number N/A **Method of Payment: Federal Cash Request Expenditure Reimbursement Fedurest Payment Automatic Payment With Payment	1	Name and Address of Recipient:	7	Fund Type:
Street Address 300 Sower Blvd Street Address 300 Sower Blvd Street Address 300 Sower Blvd Automatic Payment Lump Sum Receipt of Invoice from Vendor Street Address 300 Sower Blvd Receipt of Invoice from Vendor Street Address 300 Sower Blvd Receipt of Invoice from Vendor Street Address 300 Sower Blvd Receipt of Invoice from Vendor Receipt of Invoice from Vendor Street Address Street Address Street Address Receipt of Invoice from Vendor Receipt of Invoice from Vendor Street Address Street Address Street Address Receipt of Invoice from Vendor Receipt of Invoice from Vendor Street Address Street Address Street Address Street Address Receipt of Invoice from Vendor Receipt of Invoice from Vendor Street Address Street Address Street Address Street Address Street Address Street Address Rederal Cash Request Expenditure Reimbursement Automatic Payment Nonthity Receipt of Invoice from Vendor Street Address Stre				State
Street Address 300 Sower Blvd Street Address 300 Sower Blvd Street Address 300 Sower Blvd Automatic Payment Lump Sum Receipt of Invoice from Vendor Street Address 300 Sower Blvd Receipt of Invoice from Vendor Street Address 300 Sower Blvd Receipt of Invoice from Vendor Street Address 300 Sower Blvd Receipt of Invoice from Vendor Receipt of Invoice from Vendor Street Address Street Address Street Address Receipt of Invoice from Vendor Receipt of Invoice from Vendor Street Address Street Address Street Address Receipt of Invoice from Vendor Receipt of Invoice from Vendor Street Address Street Address Street Address Street Address Receipt of Invoice from Vendor Receipt of Invoice from Vendor Street Address Street Address Street Address Street Address Street Address Street Address Rederal Cash Request Expenditure Reimbursement Automatic Payment Nonthity Receipt of Invoice from Vendor Street Address Stre		Street Address 1156 Hindman Bypass	4_	Federal
Z KDE Contact Information: Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Nicole Crosthwaite Street Address 300 Sower Blvd Automatic Payment Lump Sum Receipt of Invoice from Vendor Other Other Receipt of Invoice from Vendor Other Receipt of Invoice from Vendor Other Other Receipt of Invoice from Vendor Other Other Receipt of Invoice from Vendor Other Other Other Receipt of Invoice from Vendor Other Other Other Receipt of Invoice from Vendor Other Othe		City, State Zip Hindman, KY 41822		Other:
Z KDE Contact Information: Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Nicole Crosthwaite Street Address 300 Sower Blvd Automatic Payment Lump Sum Receipt of Invoice from Vendor Other Other Receipt of Invoice from Vendor Other Receipt of Invoice from Vendor Other Other Receipt of Invoice from Vendor Other Other Receipt of Invoice from Vendor Other Other Other Receipt of Invoice from Vendor Other Other Other Receipt of Invoice from Vendor Other Othe				40
Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip 5 Frankfort, KY 40601 3 Description			8	
Street Address Budget Contact – Phone # Street Address City, KY Zip 300 Sower Blvd City, KY Zip Frankfort, KY 40601 Pescription/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number Master Agreement Number N/A Street Address Automatic Payment Lump Sum Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Other Description School Based Mental Health Care Provider Fund Source CFDA# N/A MUNIS Project Number N/A Master Agreement Number N/A To Financial Reporting Method:	2	KDE Contact Information:		
Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number N/A Master Agreement Number N/A Budget Contact – Phone # Nicole Crosthwaite				
Street Address City, KY Zip Bescription/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number N/A Street Address Award and Fiscal Year: Monthly Quarterly Quarterly Other Beginning of Fiscal Year Other Beginning of Fiscal Year To Financial Reporting Method:		Street Address 300 Sower Blvd		
City, KY Zip Frankfort, KY 40601 9 Reimbursement Frequency: Monthly Quarterly Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number N/A Provider State General Funds N/A MUNIS Project Number Master Agreement Number N/A MUNIS Project Number N/A To Financial Reporting Method:		Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# MUNIS Project Number Master Agreement Number N/A Provider N/A Provider N/A School Based Mental Health Care Provider N/A State General Funds N/A Dother Beginning of Fiscal Year Description N/A Nonthly Description Nonthly Description Description Nonthly Description Description Nonthly Description		Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care		City, KY Zip Frankfort, KY 40601		
Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number School Based Mental Health Care Provider State General Funds N/A Dother Beginning of Fiscal Year Dother N/A 10 Financial Reporting Method:		Children,	9	Reimbursement Frequency:
Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number School Based Mental Health Care Provider State General Funds N/A Dother Beginning of Fiscal Year Dother N/A 10 Financial Reporting Method:	3	Description/Fund Source of Award and Fiscal Year:		Monthly
Fund Source CFDA# MUNIS Project Number Master Agreement Number State General Funds N/A State General Funds N/A Dother Beginning of Fiscal Year The state General Funds N/A Dother Beginning of Fiscal Year The state General Funds N/A The stat				Quarterly
CFDA# N/A MUNIS Project Number 14MG Master Agreement Number N/A 10 Financial Reporting Method:		Provider		
MUNIS Project Number 14MG Master Agreement Number N/A 10 Financial Reporting Method:		Fund Source State General Funds		
Master Agreement Number N/A 10 Financial Reporting Method:		CFDA# N/A		
		MUNIS Project Number 14MG		
		Master Agreement Number N/A	10	Financial Reporting Method:
				Electronic Submission
4 Grant Authority (Source): KRS 158.4416	4	Grant Authority (Source): KRS 158.4416		☐ Other
	_			
5 Award Amount: \$43,095.00 11 Evaluations: Each program will be evaluated per	5	Award Amount: \$43,095.00	11	
specific program guidelines to be disseminated by				
6 Period of Award: KDE Program Contacts.	6		tai	NUE Program Contacts.
July 1, 2020-June 30, 2021	40			
12 Consortia/Partnership Members: N/A				
13 Special Instructions/Conditions:				
14 Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 30, 2020	14			Date: June 30, 2020
Division of Budgets & Financial Management		Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Knox County	,	State
	Street Address 200 Daniel Boone Drive City, State Zip Barbourville, KY 40906	1	Federal
	City, State Zip Barbourville, KY 40906		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name LaRue County	_	State
	Street Address 208 College Street City, State Zip Hodgenville, KY 42748	4_	Federal
	City, State Zip Hodgenville, KY 42748		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
		,	specific program guidelines to be disseminated by
6	Period of Award:	eal	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Laurel County		State
	Street Address 718 North Main Street	1-	Federal
	Street Address 718 North Main Street City, State Zip London, KY 40741	71	Other:
			46-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	eal	KDE Program Contacts.
40	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	
	Division of budgets & Financial Managemen	-	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Lawrence County		State
	Street Address 500 Bulldog Lane City, State Zip Louisa, KY 41230	1	Federal
	City, State Zip Louisa, KY 41230		Other:
			10
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		○ Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Lee County	,	State
	Street Address 242 Lee Avenue	1	Federal
	Street Address 242 Lee Avenue City, State Zip Beattyville, KY 41311		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd	4	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipie	nt:	7	Fund Type:
	Agency Name Leslie County			State
	Street Address 108 Maple Stre	eet Depar	1	Federal
	City, State Zip Hyden, KY 41	749		Other:
				10-
		C	8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement
	Street Address	300 Sower Blvd		Automatic Payment
	Budget Contact – Phone #	Nicole Crosthwaite		∠ Lump Sum
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		<i>Children</i> ,	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	School Based Mental Health Care		Quarterly
		Provider		
	Fund Source	State General Funds		Other Beginning of Fiscal Year
	CFDA#	N/A		
	MUNIS Project Number	14MG		
	Master Agreement Number	N/A	10	Financial Reporting Method:
				Electronic Submission
		2.450.4440		
4	Grant Authority (Source): KR	5 158.4416		Other
5	Award Amounts \$42,005,00	- Out	11	Evaluational Each program will be evaluated nor
5	Award Amount: \$43,095.00	Our	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by
6	Period of Award:	Commont		KDE Program Contacts.
•	July 1, 2020-June 30, 2021	COMMINION	Jai	The region contacts.
12	Consortia/Partnership Membe	rs· N/A		
13	Special Instructions/Condition			
14	•	licole Crosthwaite, Budget Branch		Date: June 30, 2020
14		ivision of Budgets & Financial Managemen		Date: Julie 30, 2020
		TVISION OF DUUGELS & FINANCIAI IVIANAGEMEN	L	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Letcher County		State
	Street Address 224 Park Street City, State Zip Whitesburg, KY 41858	1	Federal
	City, State Zip Whitesburg, KY 41858		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		Quartory
	Fund Source State General Funds		
	CFDA# N/A		20g ming of Floods Four
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Master / Igreement tumber	. •	Electronic Submission
			Z Electronic capitilledien
4	Grant Authority (Source): KRS 158.4416	١ ١	Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Lewis County	,	State
	Street Address 65 Central Elementary	1	Federal
	Street Address 65 Central Elementary City, State Zip Vanceburg, KY 41179		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

Agency Name Street Address 305 Danville Avenue City, State Zip Stanford, KY 40484 State Federal Other:	1	Name and Address of Recipient:	7	Fund Type:
Stock Contact Information: Federal Cash Request Federal Cash				State
Stock Contact Information: Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Automatic Payment Expenditure Reimbursement Lump Sum Receipt of Invoice from Vendor Receipt of Invoice from Vendor		Street Address 305 Danville Avenue	4_	
2 KDE Contact Information:		City, State Zip Stanford, KY 40484		Other:
2 KDE Contact Information:				40-
Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Automatic Payment Street Address 300 Sower Blvd Lump Sum Street Address 300 Sower Blvd Receipt of Invoice from Vendor Street Address 300 Sower Blvd Lump Sum Receipt of Invoice from Vendor Provider Monthly Quarterly Fund Source State General Funds CFDA# MUNIS Project Number 14MG Master Agreement Number N/A Program Consultant – Phone # Store Sower Blvd Lump Sum Receipt of Invoice from Vendor Reimbursement Frequency: Monthly Quarterly Quarterly Other Beginning of Fiscal Year Other Beginning Method: Electronic Submission Financial Reporting Method: Electronic Submission			8	
Street Address Budget Contact – Phone # Street Address City, KY Zip 300 Sower Blvd Frankfort, KY 40601 3 Description Fund Source CFDA# MUNIS Project Number Master Agreement Number Master Agreement Number Master Agreement Number Street Address 300 Sower Blvd Nicole Crosthwaite Neceipt of Invoice from Vendor Nece	2	KDE Contact Information:		
Budget Contact − Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MG Master Agreement Number N/A 10 Financial Reporting Method: Electronic Submission				
Street Address City, KY Zip Street Address Frankfort, KY 40601 School Based Mental Health Care Date Address Frankfort, KY 40601 School Based Mental Health Care Date Address Frankfort, KY 40601 School Based Mental Health Care Date Address Frankfort, KY 40601 School Based Mental Health Care Date Address Frankfort, KY 40601 School Based Mental Health Care Date Address Frankfort, KY 40601 School Based Mental Health Care Date Address Frankfort, KY 40601 School Based Mental Health Care Date Address Frankfort, KY 40601 School Based Mental Health Care Date Address Frankfort, KY 40601 School Based Mental Health Care Date Address Frankfort, KY 40601 School Based Mental Health Care Date Address Frankfort, KY 40601 School Based Mental Health Care Date Address Frankfort, KY 40601 School Based Mental Hea		Street Address 300 Sower Blvd		
City, KY Zip Frankfort, KY 40601 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number N/A Master Agreement Number N/A Prankfort, KY 40601 Reimbursement Frequency: Monthly Quarterly Other Beginning of Fiscal Year Other Beginning of Fiscal Year To Financial Reporting Method: Electronic Submission		Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# MUNIS Project Number Master Agreement Number N/A Provider State General Funds N/A MUNIS Project Submission Provider State General Funds N/A 10 Financial Reporting Method: Electronic Submission		Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care		City, KY Zip Frankfort, KY 40601		
Description School Based Mental Health Care Provider State General Funds N/A MUNIS Project Number Master Agreement Number N/A School Based Mental Health Care Provider State General Funds N/A 14MG N/A To Financial Reporting Method: Electronic Submission		Children,	9	Reimbursement Frequency:
Description School Based Mental Health Care Provider State General Funds N/A MUNIS Project Number Master Agreement Number N/A School Based Mental Health Care Provider State General Funds N/A 14MG N/A To Financial Reporting Method: Electronic Submission	3	Description/Fund Source of Award and Fiscal Year:		Monthly
Fund Source CFDA# MUNIS Project Number Master Agreement Number N/A State General Funds N/A 14MG N/A 10 Financial Reporting Method: Electronic Submission				Quarterly
CFDA# MUNIS Project Number Master Agreement Number N/A 14MG N/A 10 Financial Reporting Method: Electronic Submission		Provider		
MUNIS Project Number Master Agreement Number N/A 10 Financial Reporting Method: Electronic Submission		Fund Source State General Funds		Other Beginning of Fiscal Year
Master Agreement Number N/A 10 Financial Reporting Method: ⊠ Electronic Submission		CFDA# N/A		
		MUNIS Project Number 14MG		
		Master Agreement Number N/A	10	Financial Reporting Method:
A Cront Authority (Sauros), KPS 459 4445				Electronic Submission
A Cuent Authority (Course), VDC 450 444C				
4 Grant Authority (Source): KRS 158.4416	4	Grant Authority (Source): KRS 158.4416		Other
	_			
5 Award Amount: \$43,095.00 11 Evaluations: Each program will be evaluated per	5	Award Amount: \$43,095.00	11	
specific program guidelines to be disseminated by				
6 Period of Award: KDE Program Contacts.	6		tai	NDE Program Contacts.
July 1, 2020-June 30, 2021	40			
12 Consortia/Partnership Members: N/A				
13 Special Instructions/Conditions:				
14 Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 30, 2020	14			Date: June 30, 2020
Division of Budgets & Financial Management		Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Livingston County		State
	Street Address 127 E Adair Street City, State Zip Smithland, KY 42081	1	Federal
	City, State Zip Smithland, KY 42081		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		○ Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Logan County	_	State
	Street Address 2222 Bowling Green Road	4_	Federal
	Street Address 2222 Bowling Green Road City, State Zip Russellville, KY 42276		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Ludlow Ind.		State
	Street Address 525 Elm Street City, State Zip Ludlow, KY 41016	1	Federal
	City, State Zip Ludlow, KY 41016		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	" Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
	The state of the s		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	O C C		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Lyon County		State
	Street Address 217 Jenkins Road City, State Zip Eddyville, KY 42038	1	Federal
	City, State Zip Eddyville, KY 42038		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
		_	specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Madison County		State
	Street Address 301 Highland Park Drive	1	Federal
	Street Address 301 Highland Park Drive City, State Zip Richmond, KY 40476		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
		-	
4	Grant Authority (Source): KRS 158.4416		Other
		4.4	
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonw	tai	KDE Program Contacts.
40	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Magoffin County		State
	Street Address 109 Gardner Trail City, State Zip Salyersville, KY 41465	1	Federal
	City, State Zip Salyersville, KY 41465		Other:
			78-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	" Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
	The state of the s		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	O C C		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Marion County		State
	Street Address 755 E Main Street	1	Federal
	Street Address 755 E Main Street City, State Zip Lebanon, KY 40033		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	20	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Marshall County		State
	Street Address 86 High School Road City, State Zip Benton, KY 42025	1	Federal
	City, State Zip Benton, KY 42025		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	" Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
	The state of the s		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	O C C		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	
-			

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Martin County	,	State
	Street Address 104 East Main Street	1	Federal
	Street Address 104 East Main Street City, State Zip Inez, KY 41224		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		☐ Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Mason County		State
	Street Address 34 East 2nd Street City, State Zip Maysville, KY 41056	1-	Federal
	City, State Zip Maysville, KY 41056		Other:
			40-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds	7	Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ta	KDE Program Contacts.
40	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Mayfield Ind.		State
	Street Address 914 E College Stret City, State Zip Mayfield, KY 42066	4_	Federal
	City, State Zip Mayfield, KY 42066		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: CommonW	ta	KDE Program Contacts.
40	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:		
	Agency Name McCracken County		State		
	Street Address 5347 Benton Road City, State Zip Paducah, KY 42003	1	Federal		
	City, State Zip Paducah, KY 42003		Other:		
			40		
		8	Method of Payment:		
2	KDE Contact Information:		Federal Cash Request		
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement		
	Street Address 300 Sower Blvd		Automatic Payment		
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum		
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor		
	City, KY Zip Frankfort, KY 40601				
	Children,	9	Reimbursement Frequency:		
3	Description/Fund Source of Award and Fiscal Year:		Monthly		
	Description School Based Mental Health Care		Quarterly		
	Provider				
	Fund Source State General Funds		○ Other Beginning of Fiscal Year		
	CFDA# N/A				
	MUNIS Project Number 14MG				
	Master Agreement Number N/A	10	Financial Reporting Method:		
			Electronic Submission		
4	Grant Authority (Source): KRS 158.4416		Other		
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per		
			specific program guidelines to be disseminated by		
6	Period of Award:	ea	KDE Program Contacts.		
	July 1, 2020-June 30, 2021				
12	Consortia/Partnership Members: N/A				
13	Special Instructions/Conditions:				
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020		
	Division of Budgets & Financial Managemen	t			
_					

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name McCreary County		State
	Street Address 120 Raider Way City, State Zip Stearns, KY 42647	1	Federal
	City, State Zip Stearns, KY 42647		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name McLean County		State
	Street Address 410 Highway 136 East	1-	Federal
	Street Address 410 Highway 136 East City, State Zip Calhoun, KY 42327	71	Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
_			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	a	KDE Program Contacts.
40	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

Agency Name Street Address City, State Zip Brandenburg, KY 40108 State Federal Other:	1	Name and Address of Recipient:	7	Fund Type:
8 Method of Payment: Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601 Description School Based Mental Health Care Fund Source CFDA# MUNIS Project Number N/A MUNIS Project Number N/A Master Agreement Number N/A MEDITION School Based Mental Health Care Provider State General Funds Master Agreement Number N/A MEDITION School Based Mental Health Care Provider State General Funds Master Agreement Number N/A MID Financial Reporting Method: Method of Payment: Federal Cash Request Expenditure Reimbursement Lump Sum Receipt of Invoice from Vendor Muthod Frankfort, KY 40601 PReimbursement Frequency: Monthly Quarterly Other Beginning of Fiscal Year To Financial Reporting Method:				State
Street Address 300 Sower Blvd Receipt of Invoice from Vendor Receipt of Invoice from Vendor		Street Address 1155 Old Ekron Road	4_	Federal
Contact Information: Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Quarterly Quarterly Quarterly Other Beginning of Fiscal Year Other Beginning of Fiscal Year Street Address Address Street Address Automatic Payment Aut		City, State Zip Brandenburg, KY 40108		Other:
Contact Information: Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Quarterly Quarterly Quarterly Other Beginning of Fiscal Year Other Beginning of Fiscal Year Street Address Address Street Address Automatic Payment Aut				16-
Program Consultant – Phone # Christina Weeter Street Address Budget Contact – Phone # Nicole Crosthwaite Street Address City, KY Zip Description Frankfort, KY 40601 Description Fund Source Fund Source CFDA# MUNIS Project Number Master Agreement Number N/A Program Consultant – Phone # Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Prankfort, KY 40601 Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Quarterly Other Beginning of Fiscal Year Other Beginning of Fiscal Year In Financial Reporting Method:			8	Method of Payment:
Street Address Budget Contact – Phone # Street Address City, KY Zip Description/Fund Source of Award and Fiscal Year: Description State General Funds CFDA# MUNIS Project Number Master Agreement Number N/A Street Address 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Nicole Crosthwaite Nicole Crosthwaite Nicole Crosthwaite Nicole Crosthwaite Nicole Crosthwaite Lump Sum Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Other Other Beginning of Fiscal Year To Financial Reporting Method:	2	KDE Contact Information:		Federal Cash Request
Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd Receipt of Invoice from Vendor City, KY Zip Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds N/A MUNIS Project Number N/A Master Agreement Number N/A Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Quarterly: Other Beginning of Fiscal Year To Financial Reporting Method:		Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
Street Address City, KY Zip Bescription/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number N/A Street Address Award and Fiscal Year: Monthly Quarterly Quarterly Other Beginning of Fiscal Year Other Beginning of Fiscal Year To Financial Reporting Method:		Street Address 300 Sower Blvd		
Street Address City, KY Zip Bescription/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number N/A Street Address Award and Fiscal Year: Monthly Quarterly Quarterly Other Beginning of Fiscal Year Other Beginning of Fiscal Year To Financial Reporting Method:		Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# MUNIS Project Number Master Agreement Number N/A 9 Reimbursement Frequency: Monthly Quarterly Other Beginning of Fiscal Year Other In ancial Reporting Method:		Street Address 300 Sower Blvd		
3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# MUNIS Project Number Master Agreement Number N/A 9 Reimbursement Frequency: Monthly Quarterly Other Beginning of Fiscal Year Other In ancial Reporting Method:		City, KY Zip Frankfort, KY 40601		
3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care		Children.	9	Reimbursement Frequency:
Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number School Based Mental Health Care Provider State General Funds N/A Dother Beginning of Fiscal Year Dother N/A To Financial Reporting Method:	3	Description/Fund Source of Award and Fiscal Year:		
Fund Source CFDA# MUNIS Project Number Master Agreement Number Provider State General Funds N/A Description Provider State General Funds N/A Description Description Descriptio				
CFDA# N/A MUNIS Project Number 14MG Master Agreement Number N/A 10 Financial Reporting Method:				
CFDA# N/A MUNIS Project Number 14MG Master Agreement Number N/A 10 Financial Reporting Method:		Fund Source State General Funds		Other Beginning of Fiscal Year
Master Agreement Number N/A 10 Financial Reporting Method:		CFDA# N/A		
		MUNIS Project Number 14MG		
		Master Agreement Number N/A	10	Financial Reporting Method:
				Electronic Submission
4 Grant Authority (Source): KRS 158.4416	4	Grant Authority (Source): KRS 158.4416		☐ Other
5 Award Amount: \$43,095.00 11 Evaluations: Each program will be evaluated per	5	Award Amount: \$43,095.00	11	
specific program guidelines to be disseminated by				
6 Period of Award: KDE Program Contacts.	6		ta	NUE Program Contacts.
July 1, 2020-June 30, 2021	40			
12 Consortia/Partnership Members: N/A				
13 Special Instructions/Conditions:				
14 Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 30, 2020	14			Date: June 30, 2020
Division of Budgets & Financial Management		Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Menifee County	,	State
	Street Address 110 Main Street City, State Zip Frenchburg, KY 40322	1	Federal
	City, State Zip Frenchburg, KY 40322		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipie	nt:	7	Fund Type:	
	Agency Name Mercer County			State	
	Street Address 530 Perryville	Road	1	Federal	
	City, State Zip Harrodsburg, k			Other:	
				Ja	
			8	Method of Payment:	
2	KDE Contact Information:	·A	1	Federal Cash Request	
~	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement	
	Street Address	300 Sower Blvd		Automatic Payment	
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum	
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor	
				Receipt of invoice from vendor	
	City, KY Zip	Frankfort, KY 40601			
		Ciliidi Cii,	9	Reimbursement Frequency:	
3	Description/Fund Source of A			Monthly	
	Description	School Based Mental Health Care		Quarterly	
		Provider			
	Fund Source	State General Funds		Other Beginning of Fiscal Year	
	CFDA#	N/A			
	MUNIS Project Number	14MG			
	Master Agreement Number	N/A	10	Financial Reporting Method:	
				Electronic Submission	
4	Grant Authority (Source): KR	S 158.4416		Other	
5	Award Amount: \$43,095.00	()111	11	Evaluations: Each program will be evaluated per	
		Our		specific program guidelines to be disseminated by	
6	Period of Award:	Commonw	22	KDE Program Contacts.	
	July 1, 2020-June 30, 2021	Committee			
12	Consortia/Partnership Membe	rs: N/A	•		
13	Special Instructions/Condition	ns:			
14	Authorized By (Name/Title): N	licole Crosthwaite, Budget Branch		Date: June 30, 2020	
	Division of Budgets & Financial Management				
	1				
	queac				

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Metcalfe County		State
	Street Address 109 Sartin Drive	1	Federal
	Street Address 109 Sartin Drive City, State Zip Edmonton, KY 42129		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
		4	
4	Grant Authority (Source): KRS 158.4416		Other
		4.4	
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	tai	KDE Program Contacts.
40	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Middlesboro Ind.	,	State
	Street Address 220 N 20th Street City, State Zip Middlesboro, KY 40965	1	Federal
	City, State Zip Middlesboro, KY 40965		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	eal	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Monroe County	,	State
	Street Address 309 Emberton Street City, State Zip Tompkinsville, KY 42167	1	Federal
	City, State Zip Tompkinsville, KY 42167		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Montgomery County		State
	Street Address 700 Woodford Drive City, State Zip Mt Sterling, KY 40353	1	Federal
	City, State Zip Mt Sterling, KY 40353		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	" Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
	The state of the s		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	O C C		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

Agency Name Street Address 155 University Drive City, State Zip West Liberty, KY 41472 2 KDE Contact Information: Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number N/A Master Agreement Number N/A 4 Grant Authority (Source): KRS 158.4416 Method of Payment: Federal Cash Request Expenditure Reimbursement Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor Monthly Quarterly Quarterly Other Beginning of Fiscal Year Financial Reporting Method: Electronic Submission Other	1	Name and Address of Recipient:	7	Fund Type:
Steet Address 300 Sower Blvd Street Address 300 Sower Blvd Street Address 300 Sower Blvd Automatic Payment Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor Receipt of Invoice from Vendor				State
Steet Address 300 Sower Blvd Street Address 300 Sower Blvd Street Address 300 Sower Blvd Automatic Payment Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor Receipt of Invoice from Vendor		Street Address 155 University Drive	4_	Federal
2 KDE Contact Information:		City, State Zip West Liberty, KY 41472		Other:
2 KDE Contact Information:				40-
Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Automatic Payment Street Address 300 Sower Blvd Lump Sum Street Address 300 Sower Blvd Receipt of Invoice from Vendor Street Address 300 Sower Blvd Lump Sum Receipt of Invoice from Vendor Provider Monthly Quarterly Fund Source State General Funds CFDA# MUNIS Project Number 14MG Master Agreement Number N/A Program Consultant – Phone # Store Chaden Sower Blvd Receipt of Invoice from Vendor Reimbursement Frequency: Monthly Quarterly Quarterly Other Beginning of Fiscal Year Other Beginning Method: Electronic Submission Financial Reporting Method: Electronic Submission			8	
Street Address Budget Contact – Phone # Street Address City, KY Zip 300 Sower Blvd Frankfort, KY 40601 3 Description Fund Source CFDA# MUNIS Project Number Master Agreement Number Master Agreement Number Master Agreement Number Street Address 300 Sower Blvd Nicole Crosthwaite Neceipt of Invoice from Vendor Nece	2	KDE Contact Information:		
Budget Contact − Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MG Master Agreement Number N/A 10 Financial Reporting Method: Electronic Submission				
Street Address City, KY Zip Street Address Frankfort, KY 40601 School Based Mental Health Care Date Address Frankfort, KY 40601 School Based Mental Health Care Date Address Frankfort, KY 40601 School Based Mental Health Care Date Address Frankfort, KY 40601 School Based Mental Health Care Date Address Frankfort, KY 40601 School Based Mental Health Care Date Address Frankfort, KY 40601 School Based Mental Health Care Date Address Frankfort, KY 40601 School Based Mental Health Care Date Address Frankfort, KY 40601 School Based Mental Health Care Date Address Frankfort, KY 40601 School Based Mental Health Care Date Address Frankfort, KY 40601 School Based Mental Health Care Date Address Frankfort, KY 40601 School Based Mental Health Care Date Address Frankfort, KY 40601 School Based Mental Hea		Street Address 300 Sower Blvd		
City, KY Zip Frankfort, KY 40601 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number N/A Master Agreement Number N/A Prankfort, KY 40601 PReimbursement Frequency: Monthly Quarterly Other Beginning of Fiscal Year Other Beginning of Fiscal Year To Financial Reporting Method: Electronic Submission		Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# MUNIS Project Number Master Agreement Number N/A Provider State General Funds N/A MUNIS Project Submission Provider State General Funds N/A 10 Financial Reporting Method: Electronic Submission		Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care		City, KY Zip Frankfort, KY 40601		
Description School Based Mental Health Care Provider State General Funds N/A MUNIS Project Number Master Agreement Number N/A School Based Mental Health Care Provider State General Funds N/A 14MG N/A To Financial Reporting Method: Electronic Submission		Children,	9	Reimbursement Frequency:
Description School Based Mental Health Care Provider State General Funds N/A MUNIS Project Number Master Agreement Number N/A School Based Mental Health Care Provider State General Funds N/A 14MG N/A To Financial Reporting Method: Electronic Submission	3	Description/Fund Source of Award and Fiscal Year:		Monthly
Fund Source CFDA# MUNIS Project Number Master Agreement Number N/A State General Funds N/A 14MG N/A 10 Financial Reporting Method: Electronic Submission				Quarterly
CFDA# MUNIS Project Number Master Agreement Number N/A 14MG N/A 10 Financial Reporting Method: Electronic Submission		Provider		
MUNIS Project Number Master Agreement Number N/A 10 Financial Reporting Method: Electronic Submission		Fund Source State General Funds		Other Beginning of Fiscal Year
Master Agreement Number N/A 10 Financial Reporting Method: ⊠ Electronic Submission		CFDA# N/A		
		MUNIS Project Number 14MG		
		Master Agreement Number N/A	10	Financial Reporting Method:
4 Grant Authority (Source): KRS 158.4416				Electronic Submission
4 Grant Authority (Source): KRS 158.4416				
	4	Grant Authority (Source): KRS 158.4416		
	_			
5 Award Amount: \$43,095.00 11 Evaluations: Each program will be evaluated per	5	Award Amount: \$43,095.00	11	
specific program guidelines to be disseminated by				
6 Period of Award: KDE Program Contacts.	6		tai	NDE Program Contacts.
July 1, 2020-June 30, 2021	40			
12 Consortia/Partnership Members: N/A				
13 Special Instructions/Conditions:				
14 Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 30, 2020	14			Date: June 30, 2020
Division of Budgets & Financial Management		Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Muhlenberg County		State
	Street Address 510 W Main Street City, State Zip Powderly, KY 42367	1	☐ Federal
	City, State Zip Powderly, KY 42367		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Murray Ind.		State
	Street Address 208 S 13th Street City, State Zip Murray, KY 42071	1	☐ Federal
	City, State Zip Murray, KY 42071		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Nelson County		State
	Street Address 288 Wildcat Lane City, State Zip Bardstown, KY 40004	1	Federal
	City, State Zip Bardstown, KY 40004		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea.	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipier	nt:	7	Fund Type:
	Agency Name Newport Ind.			State
	Street Address 30 W. 8th Street	et Depar	1	Federal
	City, State Zip Newport, KY 4	1071		Other:
				10-
		CIPI	8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement
	Street Address	300 Sower Blvd		Automatic Payment
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum
	Street Address	300 Sower Blvd		Lump Sum Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
	,p	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Av	ward and Fiscal Year:		Monthly
	Description	School Based Mental Health Care		Quarterly
		Provider		
	Fund Source	State General Funds		Other Beginning of Fiscal Year
	CFDA#	N/A		
	MUNIS Project Number	14MG		
	Master Agreement Number	N/A	10	Financial Reporting Method:
	J			Electronic Submission
4	Grant Authority (Source): KRS	S 158.4416		Other
5	Award Amount: \$43,095.00	()11r	11	Evaluations: Each program will be evaluated per
				specific program guidelines to be disseminated by
6	Period of Award:	Commonw	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021	0011111101111		
12	Consortia/Partnership Member	rs: N/A		
13	Special Instructions/Condition	s:		
14	Authorized By (Name/Title): N	icole Crosthwaite, Budget Branch		Date: June 30, 2020
	D	ivision of Budgets & Financial Managemer	nt	
		Tuca		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Nicholas County	,	State
	Street Address 395 West Main Street City, State Zip Carlisle, KY 40311	1	Federal
	City, State Zip Carlisle, KY 40311		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Ohio County		State
	Street Address 315 E Union Street City, State Zip Hartford, KY 42347	1	Federal
	City, State Zip Hartford, KY 42347		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
4	Grant Authority (Source): KRS 158.4416		Other Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
		_	specific program guidelines to be disseminated by
6	Period of Award: Commonwo	ea.	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Oldham County		State
	Street Address 1350 N Hwy 393 City, State Zip Crestwood, KY 40014	1	Federal
	City, State Zip Crestwood, KY 40014		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		○ Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Owen County		State
	Street Address 1600 Hwy 22 E	1	Federal
	Street Address 1600 Hwy 22 E City, State Zip Owenton, KY 40359		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds	>	Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Common Wo	eal	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Owensboro Ind.	,	State
	Street Address 450 Griffith Avenue City, State Zip Owensboro, KY 42301	1	Federal
	City, State Zip Owensboro, KY 42301		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Owsley County		State
	Street Address 14 Old KY 11 City, State Zip Booneville, KY 41314	1	Federal
	City, State Zip Booneville, KY 41314		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		○ Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Paducah Ind.	,	State
	Street Address 800 Caldwell Street City, State Zip Paducah, KY 42002	1	Federal
	City, State Zip Paducah, KY 42002		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Paintsville Ind.		State
	Street Address 305 2nd Street City, State Zip Paintsville, KY 41240	1	Federal
	City, State Zip Paintsville, KY 41240		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	" Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
	The second secon		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	Odi		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemer	nt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Paris Ind.	_	State
	Street Address 310 W Seventh Street City, State Zip Paris, KY 40361	4_	Federal
	City, State Zip Paris, KY 40361		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
	ŭ de la		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
		,	specific program guidelines to be disseminated by
6	Period of Award:	eal	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Pendleton County		State
	Street Address 2525 Hwy 27 N City, State Zip Falmouth, KY 41040	1	Federal
	City, State Zip Falmouth, KY 41040		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonw	ea.	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Perry County		State
	Street Address 315 Park Avenue City, State Zip Hazard, KY 41701	1	Federal
	City, State Zip Hazard, KY 41701		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Pike County	_	State
	Street Address 314 S Mayo Trail City, State Zip Pikeville, KY 41502	4_	Federal
	City, State Zip Pikeville, KY 41502		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
		,	specific program guidelines to be disseminated by
6	Period of Award:	eal	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Pikeville Ind.	,	State
	Street Address 148 Second Street City, State Zip Pikeville, KY 41501	1	Federal
	City, State Zip Pikeville, KY 41501		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Pineville Ind.	,	State
	Street Address 401 Virginia Avenue City, State Zip Pineville, KY 40977	1	Federal
	City, State Zip Pineville, KY 40977		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Common Wo	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Powell County	,	State
	Street Address 691 Breckinridge Street	1	Federal
	Street Address 691 Breckinridge Street City, State Zip Stanton, KY 40380		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	eal	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipier	nt:	7	Fund Type:
	Agency Name Pulaski County			State
	Street Address 501 University	Drive 42503 CDar	1	Federal
	City, State Zip Somerset, KY	42503		Other:
				10-
		CIPI	8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement
	Street Address	300 Sower Blvd		Automatic Payment
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum
	Street Address	300 Sower Blvd		Lump Sum Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
	,p	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Av	ward and Fiscal Year:		Monthly
	Description	School Based Mental Health Care		Quarterly
		Provider		
	Fund Source	State General Funds		Other Beginning of Fiscal Year
	CFDA#	N/A		
	MUNIS Project Number	14MG		
	Master Agreement Number	N/A	10	Financial Reporting Method:
	g			Electronic Submission
4	Grant Authority (Source): KRS	S 158.4416		Other
5	Award Amount: \$43,095.00	()11r	11	Evaluations: Each program will be evaluated per
				specific program guidelines to be disseminated by
6	Period of Award:	Commonwe	2.2	KDE Program Contacts.
	July 1, 2020-June 30, 2021	0011111101111		
12	Consortia/Partnership Member	rs: N/A		
13	Special Instructions/Condition	s:		
14	Authorized By (Name/Title): N	icole Crosthwaite, Budget Branch		Date: June 30, 2020
	D	ivision of Budgets & Financial Managemer	t	
		YUIIOA		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Raceland Ind.		State
	Street Address 600 Ram Blvd	1	Federal
	Street Address 600 Ram Blvd City, State Zip Raceland, KY 41169		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	" Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		Quarterly
	Fund Source State General Funds		◯ Other B eginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
	The second secon		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	C		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2020-June 30, 2021	- 66.1	
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

Agency Name Street Address 1762 Sardis Road City, State Zip Mount Olivet, KY 41064 State Zip Mount Olivet, KY 41064 Federal Other:	1	Name and Address of Recipient:	7	Fund Type:
8 Method of Payment: Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Street Address 300 Sower Blvd Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601 Description School Based Mental Health Care Fund Source CFDA# MUNIS Project Number N/A Master Agreement Number N/A Monthod of Payment: Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor Prederal Cash Request Expenditure Reimbursement Receipt of Invoice from Vendor Muthod of Payment: Federal Cash Request Expenditure Reimbursement Number School Based Mental Health Care Provider State General Funds N/A MUNIS Project Number 14MG Master Agreement Number N/A N/A Monthod of Payment: Federal Cash Request Expenditure Reimbursement Number School Based Mental Health Care Provider School Based Mental Health Care Provider State General Funds N/A MUNIS Project Number 14MG Master Agreement Number N/A N/A Monthod of Payment: Federal Cash Request Expenditure Reimbursement Muthod Nuthonatic Payment Muthod N				State
8 Method of Payment: Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Street Address 300 Sower Blvd Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601 Description School Based Mental Health Care Fund Source CFDA# MUNIS Project Number N/A Master Agreement Number N/A Monthod of Payment: Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor Prederal Cash Request Expenditure Reimbursement Receipt of Invoice from Vendor Muthod of Payment: Federal Cash Request Expenditure Reimbursement Number School Based Mental Health Care Provider State General Funds N/A MUNIS Project Number 14MG Master Agreement Number N/A N/A Monthod of Payment: Federal Cash Request Expenditure Reimbursement Number School Based Mental Health Care Provider School Based Mental Health Care Provider State General Funds N/A MUNIS Project Number 14MG Master Agreement Number N/A N/A Monthod of Payment: Federal Cash Request Expenditure Reimbursement Muthod Nuthonatic Payment Muthod N		Street Address 1762 Sardis Road	4_	Federal
Automatic Payment Street Address		City, State Zip Mount Olivet, KY 41064		Other:
Automatic Payment Street Address				40-
Program Consultant – Phone # Christina Weeter Street Address Budget Contact – Phone # Nicole Crosthwaite Street Address City, KY Zip Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number N/A Program Consultant – Phone # Christina Weeter 300 Sower Blvd Nicole Crosthwaite Nicole Crosthwai			8	
Street Address Budget Contact – Phone # Street Address City, KY Zip 300 Sower Blvd City, KY Zip Frankfort, KY 40601 Pescription/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number N/A Master Agreement Number Street Address 300 Sower Blvd Lump Sum Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Other Other Beginning of Fiscal Year To Financial Reporting Method:	2	KDE Contact Information:		
Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd Receipt of Invoice from Vendor City, KY Zip Frankfort, KY 40601 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds Other Beginning of Fiscal Year CFDA# N/A MUNIS Project Number 14MG Master Agreement Number N/A Master Agreement Number N/A Budget Contact – Phone # Nicole Crosthwaite				
Street Address City, KY Zip Street Address City, KY Zip Frankfort, KY 40601 PReceipt of Invoice from Vendor Receipt of Invoice from Vendor Prequency: Monthly Quarterly Other Receipt of Invoice from Vendor Other Receipt of Invoice from Vendor Frankfort, KY 40601 PReceipt of Invoice from Vendor Other Nonthly Quarterly Other Receipt of Invoice from Vendor Frankfort, KY 40601 Other Beginning of Fiscal Year N/A 10 Financial Reporting Method:		Street Address 300 Sower Blvd		Automatic Payment
City, KY Zip Frankfort, KY 40601 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number N/A MINIS Project Number N/A Provider N/A School Based Mental Health Care Provider State General Funds N/A MUNIS Project Number N/A To Financial Reporting Method:		Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# MUNIS Project Number Master Agreement Number N/A Provider N/A Provider N/A N/A N/A 10 Financial Reporting Method:		Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care		City, KY Zip Frankfort, KY 40601		
Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number School Based Mental Health Care Provider State General Funds N/A Other Beginning of Fiscal Year Other In the provider In the pro		Children,	9	Reimbursement Frequency:
Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number School Based Mental Health Care Provider State General Funds N/A Other Beginning of Fiscal Year Other In the provider In the pro	3	Description/Fund Source of Award and Fiscal Year:		Monthly
Fund Source CFDA# MUNIS Project Number Master Agreement Number State General Funds N/A State General Funds N/A Dother Beginning of Fiscal Year The state General Funds N/A Dother Beginning of Fiscal Year The state General Funds N/A The stat				Quarterly
CFDA# N/A MUNIS Project Number 14MG Master Agreement Number N/A 10 Financial Reporting Method:		Provider		
MUNIS Project Number 14MG Master Agreement Number N/A 10 Financial Reporting Method:		Fund Source State General Funds		Other Beginning of Fiscal Year
Master Agreement Number N/A 10 Financial Reporting Method:		CFDA# N/A		
		MUNIS Project Number 14MG		
∑ Electronic Submission		Master Agreement Number N/A	10	Financial Reporting Method:
Electionic Submission				Electronic Submission
4 Grant Authority (Source): KRS 158.4416	4	Grant Authority (Source): KRS 158.4416		
5 Award Amount: \$43,095.00 11 Evaluations: Each program will be evaluated per	5	Award Amount: \$43,095.00	11	
specific program guidelines to be disseminated by				
6 Period of Award: KDE Program Contacts.	6		tai	NDE Program Contacts.
July 1, 2020-June 30, 2021	40			
12 Consortia/Partnership Members: N/A				
13 Special Instructions/Conditions:				
14 Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 30, 2020	14			Date: June 30, 2020
Division of Budgets & Financial Management		Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Rockcastle County	,	State
	Street Address 245 Richmond Street City, State Zip Mount Vernon, KY 40456	1	Federal
	City, State Zip Mount Vernon, KY 40456		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	eal	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

Agency Name Street Address City, State Zip Morehead, KY 40351 KDE Contact Information: Program Consultant − Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact − Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601 Description	1	Name and Address of Recipient:	7	Fund Type:
Street Address 300 Sower Blvd Street Address 300 Sower Blvd Street Address 300 Sower Blvd Automatic Payment Lump Sum Receipt of Invoice from Vendor Street Address 300 Sower Blvd Receipt of Invoice from Vendor Street Address 300 Sower Blvd Receipt of Invoice from Vendor Street Address 300 Sower Blvd Receipt of Invoice from Vendor Receipt of Invoice from Vendor Street Address Street Address Street Address Receipt of Invoice from Vendor Receipt of Invoice from Vendor Street Address Street Address Street Address Receipt of Invoice from Vendor Receipt of Invoice from Vendor Street Address Street Address Street Address Street Address Receipt of Invoice from Vendor Receipt of Invoice from Vendor Street Address Street Address Street Address Street Address Street Address Street Address Rederal Cash Request Expenditure Reimbursement Automatic Payment Nonthity Receipt of Invoice from Vendor Street Address Stre				State
Street Address 300 Sower Blvd Street Address 300 Sower Blvd Street Address 300 Sower Blvd Automatic Payment Lump Sum Receipt of Invoice from Vendor Street Address 300 Sower Blvd Receipt of Invoice from Vendor Street Address 300 Sower Blvd Receipt of Invoice from Vendor Street Address 300 Sower Blvd Receipt of Invoice from Vendor Receipt of Invoice from Vendor Street Address Street Address Street Address Receipt of Invoice from Vendor Receipt of Invoice from Vendor Street Address Street Address Street Address Receipt of Invoice from Vendor Receipt of Invoice from Vendor Street Address Street Address Street Address Street Address Receipt of Invoice from Vendor Receipt of Invoice from Vendor Street Address Street Address Street Address Street Address Street Address Street Address Rederal Cash Request Expenditure Reimbursement Automatic Payment Nonthity Receipt of Invoice from Vendor Street Address Stre		Street Address 415 West Sun Street	1	Federal
Z KDE Contact Information: Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Nicole Crosthwaite Street Address 300 Sower Blvd Automatic Payment Lump Sum Receipt of Invoice from Vendor Other Other Receipt of Invoice from Vendor Other Receipt of Invoice from Vendor Other Other Receipt of Invoice from Vendor Other Other Receipt of Invoice from Vendor Other Other Other Receipt of Invoice from Vendor Other Other Other Receipt of Invoice from Vendor Other Othe		City, State Zip Morehead, KY 40351		Other:
Z KDE Contact Information: Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Nicole Crosthwaite Street Address 300 Sower Blvd Automatic Payment Lump Sum Receipt of Invoice from Vendor Other Other Receipt of Invoice from Vendor Other Receipt of Invoice from Vendor Other Other Receipt of Invoice from Vendor Other Other Receipt of Invoice from Vendor Other Other Other Receipt of Invoice from Vendor Other Other Other Receipt of Invoice from Vendor Other Othe				40
Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip 5 Frankfort, KY 40601 3 Description			8	
Street Address Budget Contact – Phone # Street Address City, KY Zip 300 Sower Blvd City, KY Zip Frankfort, KY 40601 Pescription/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number Master Agreement Number N/A Street Address Automatic Payment Lump Sum Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor Other Description N/A To Financial Reporting Method:	2	KDE Contact Information:		
Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number N/A Master Agreement Number N/A Budget Contact – Phone # Nicole Crosthwaite				
Street Address City, KY Zip Bescription/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number N/A Street Address Award and Fiscal Year: Monthly Quarterly Quarterly Other Beginning of Fiscal Year Other Beginning of Fiscal Year To Financial Reporting Method:		Street Address 300 Sower Blvd		
City, KY Zip Frankfort, KY 40601 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number N/A Provider N/A Reimbursement Frequency: Monthly Quarterly Other Beginning of Fiscal Year Other Beginning of Fiscal Year To Financial Reporting Method:		Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# MUNIS Project Number Master Agreement Number N/A Provider N/A Provider N/A School Based Mental Health Care Provider N/A State General Funds N/A Dother Beginning of Fiscal Year Description N/A Nonthly Description Nonthly Description Description Nonthly Description Description Nonthly Description		Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care		City, KY Zip Frankfort, KY 40601		
Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number School Based Mental Health Care Provider State General Funds N/A Dother Beginning of Fiscal Year Dother N/A 10 Financial Reporting Method:		Children,	9	Reimbursement Frequency:
Description School Based Mental Health Care Provider Fund Source CFDA# MUNIS Project Number Master Agreement Number School Based Mental Health Care Provider State General Funds N/A Dother Beginning of Fiscal Year Dother N/A 10 Financial Reporting Method:	3	Description/Fund Source of Award and Fiscal Year:		Monthly
Fund Source CFDA# MUNIS Project Number Master Agreement Number State General Funds N/A State General Funds N/A Dother Beginning of Fiscal Year The state General Funds N/A Dother Beginning of Fiscal Year The state General Funds N/A The stat				Quarterly
CFDA# N/A MUNIS Project Number 14MG Master Agreement Number N/A 10 Financial Reporting Method:		Provider		
MUNIS Project Number 14MG Master Agreement Number N/A 10 Financial Reporting Method:		Fund Source State General Funds	7	
Master Agreement Number N/A 10 Financial Reporting Method:		CFDA# N/A		
		MUNIS Project Number 14MG		
		Master Agreement Number N/A	10	Financial Reporting Method:
				Electronic Submission
4 Grant Authority (Source): KRS 158.4416	4	Grant Authority (Source): KRS 158.4416		☐ Other
	_			
5 Award Amount: \$43,095.00 11 Evaluations: Each program will be evaluated per	5	Award Amount: \$43,095.00	11	
specific program guidelines to be disseminated by				
6 Period of Award: KDE Program Contacts.	6		ta	NUE Program Contacts.
July 1, 2020-June 30, 2021	40			
12 Consortia/Partnership Members: N/A				
13 Special Instructions/Conditions:		•		
14 Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 30, 2020	14			Date: June 30, 2020
Division of Budgets & Financial Management		Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Russell County	,	State
	Street Address 404 South Main Street City, State Zip Jamestown, KY 42629	1	Federal
	City, State Zip Jamestown, KY 42629		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	eal	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Russell Ind.		State
	Street Address 409 Belfont Street City, State Zip Russell, KY 41169	1	Federal
	City, State Zip Russell, KY 41169		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
	master / tgreement tallies	. •	Electronic Submission
			Z Zissi sine sasimosisii
4	Grant Authority (Source): KRS 158.4416	1	☐ Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Russellville Ind.		State
	Street Address 355 South Summer Street	1	Federal
	Street Address 355 South Summer Street City, State Zip Russellville, KY 42276		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	eal	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Science Hill Ind.		State
	Street Address 6007 N Hwy 27 City, State Zip Science Hill, KY 42553	1	Federal
	City, State Zip Science Hill, KY 42553		Other:
			10
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		○ Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Scott County	,	State
	Street Address 2168 Frankfort Pk. City, State Zip Georgetown, KY 40324	1	Federal
	City, State Zip Georgetown, KY 40324		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Shelby County		State
	Street Address 1155 W Main Street City, State Zip Shelbyville, KY 40065	4_	Federal
	City, State Zip Shelbyville, KY 40065		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	" Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Simpson County		State
	Street Address 430 S College Street City, State Zip Franklin, KY 42135	1	Federal
	City, State Zip Franklin, KY 42135		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Somerset Ind.	,	State
	Street Address 305 College Street City, State Zip Somerset, KY 42501	1	Federal
	City, State Zip Somerset, KY 42501		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	eal	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	
	7111100		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Southgate Ind.		State
	Street Address 6 William F. Blatt Avenue	1	Federal
	Street Address 6 William F. Blatt Avenue City, State Zip Southgate, KY 41071		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
_			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	eal	KDE Program Contacts.
40	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Spencer County		State
	Street Address 207 W Main Street City, State Zip Taylorsville, KY 40071	1	Federal
	City, State Zip Taylorsville, KY 40071		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		○ Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Taylor County		State
	Street Address 1209 E Broadway City, State Zip Campbellsville, KY 42718	1	Federal
	City, State Zip Campbellsville, KY 42718		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Todd County		State
	Street Address 205 Airport Road City, State Zip Elkton, KY 42220	1	Federal
	City, State Zip Elkton, KY 42220		Other:
			78-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	O C C		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Trigg County		State
	Street Address 202 Main Street City, State Zip Cadiz, KY 42211	1	☐ Federal
	City, State Zip Cadiz, KY 42211		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Trimble County	,	State
	Street Address 116 Wentworth Avenue	1	Federal
	Street Address 116 Wentworth Avenue City, State Zip Bedford, KY 40006		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd	4	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Union County	,	State
	Street Address 510 S Mart Streeet City, State Zip Morganfield, KY 42437	1	Federal
	City, State Zip Morganfield, KY 42437		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	eal	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:		
	Agency Name Walton Verona Ind.	,	State		
	Street Address 16 School Road City, State Zip Walton, KY 41094	1	Federal		
	City, State Zip Walton, KY 41094		Other:		
			18-		
		8	Method of Payment:		
2	KDE Contact Information:		Federal Cash Request		
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement		
	Street Address 300 Sower Blvd		Automatic Payment		
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum		
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor		
	City, KY Zip Frankfort, KY 40601				
	Children.	9	Reimbursement Frequency:		
3	Description/Fund Source of Award and Fiscal Year:		Monthly		
	Description School Based Mental Health Care		Quarterly		
	Provider				
	Fund Source State General Funds		Other Beginning of Fiscal Year		
	CFDA# N/A				
	MUNIS Project Number 14MG				
	Master Agreement Number N/A	10	Financial Reporting Method:		
			Electronic Submission		
4	Grant Authority (Source): KRS 158.4416		Other		
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per		
			specific program guidelines to be disseminated by		
6	Period of Award:	2.2	KDE Program Contacts.		
	July 1, 2020-June 30, 2021				
12	Consortia/Partnership Members: N/A				
13	Special Instructions/Conditions:				
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020		
	Division of Budgets & Financial Managemen	t			
	YUMAANIY				

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Warren County	,	State
	Street Address 303 Lovers Lane City, State Zip Bowling Green, KY 42102	1	Federal
	City, State Zip Bowling Green, KY 42102		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	eal	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Washington County	_	State
	Street Address 120 Mackville Hill Road City, State Zip Springfield, KY 40069	4_	Federal
	City, State Zip Springfield, KY 40069		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	eal	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Wayne County		State
	Street Address 1025 S Main Street City, State Zip Monticello, KY 42633	4_	Federal
	City, State Zip Monticello, KY 42633		Other:
			18-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
	3		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	2.2	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Webster Co	,	State
	Street Address 28 State Route 1340	1	Federal
	Street Address 28 State Route 1340 City, State Zip Dixon, KY 42409		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		☐ Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	eal	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Whitley County		State
	Street Address 300 Main Street City, State Zip Williamsburg, KY 40769	1	Federal
	City, State Zip Williamsburg, KY 40769		Other:
			78-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		Guartony
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		20gg 011100011001
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Master Agreement Turner	. •	Electronic Submission
			Z Electronic capinicolon
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Williamsburg Ind.	,	State
	Street Address 1000 Main Street City, State Zip Williamsburg, KY 40769	1	Federal
	City, State Zip Williamsburg, KY 40769		Other:
			16-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MG		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	ea	KDE Program Contacts.
	July 1, 2020-June 30, 2021		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:			
	Agency Name Williamstown Ind.		State			
	Street Address 300 Helton Street City, State Zip Williamstown, KY 41097	1	Federal			
	City, State Zip Williamstown, KY 41097		Other:			
			10-			
		8	Method of Payment:			
2	KDE Contact Information:		Federal Cash Request			
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement			
	Street Address 300 Sower Blvd		Automatic Payment			
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum			
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor			
	City, KY Zip Frankfort, KY 40601					
	" Children.	9	Reimbursement Frequency:			
3	Description/Fund Source of Award and Fiscal Year:		Monthly			
	Description School Based Mental Health Care		Quarterly			
	Provider		Quarterly			
	Fund Source State General Funds		◯ Other B eginning of Fiscal Year			
	CFDA# N/A					
	MUNIS Project Number 14MG					
	Master Agreement Number N/A	10	Financial Reporting Method:			
	The second secon	. •	Electronic Submission			
4	Grant Authority (Source): KRS 158.4416		Other			
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per			
	C		specific program guidelines to be disseminated by			
6	Period of Award:	22	KDE Program Contacts.			
	July 1, 2020-June 30, 2021					
12	Consortia/Partnership Members: N/A					
13	Special Instructions/Conditions:					
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020			
	Division of Budgets & Financial Managemen	t				
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1	Name and Address of Recipient:	7	Fund Type:			
	Agency Name Wolfe County	,	State			
	Street Address 85 Main Street City, State Zip Campton, KY 41301	1	Federal			
	City, State Zip Campton, KY 41301		Other:			
			18-			
		8	Method of Payment:			
2	KDE Contact Information:		Federal Cash Request			
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement			
	Street Address 300 Sower Blvd		Automatic Payment			
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum			
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor			
	City, KY Zip Frankfort, KY 40601					
	Children.	9	Reimbursement Frequency:			
3	Description/Fund Source of Award and Fiscal Year:		Monthly			
	Description School Based Mental Health Care		Quarterly			
	Provider					
	Fund Source State General Funds		Other Beginning of Fiscal Year			
	CFDA# N/A		203			
	MUNIS Project Number 14MG					
	Master Agreement Number N/A	10	Financial Reporting Method:			
	9		Electronic Submission			
4	Grant Authority (Source): KRS 158.4416		Other			
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per			
			specific program guidelines to be disseminated by			
6	Period of Award:	2.2	KDE Program Contacts.			
	July 1, 2020-June 30, 2021					
12	Consortia/Partnership Members: N/A					
13	Special Instructions/Conditions:					
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020			
	Division of Budgets & Financial Management					

1	Name and Address of Recipient:	7	Fund Type:			
	Agency Name Woodford County		State			
	Street Address 330 Pisgah Pk City, State Zip Versailles, KY 40383	1	Federal			
	City, State Zip Versailles, KY 40383		Other:			
			78-			
		8	Method of Payment:			
2	KDE Contact Information:		Federal Cash Request			
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement			
	Street Address 300 Sower Blvd		Automatic Payment			
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum			
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor			
	City, KY Zip Frankfort, KY 40601					
	Children.	9	Reimbursement Frequency:			
3	Description/Fund Source of Award and Fiscal Year:		Monthly			
	Description School Based Mental Health Care		Quarterly			
	Provider		Guartony			
	Fund Source State General Funds		Other Beginning of Fiscal Year			
	CFDA# N/A		20gg 011100011001			
	MUNIS Project Number 14MG					
	Master Agreement Number N/A	10	Financial Reporting Method:			
	Master Agreement Turner	. •	Electronic Submission			
			Z Electronic capinicolon			
4	Grant Authority (Source): KRS 158.4416		Other			
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per			
	Our		specific program guidelines to be disseminated by			
6	Period of Award:	22	KDE Program Contacts.			
	July 1, 2020-June 30, 2021					
12	Consortia/Partnership Members: N/A					
13	Special Instructions/Conditions:					
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020			
	Division of Budgets & Financial Managemen	t				
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1	Name and Address of Recipient:	7	Fund Type:			
	Agency Name Total		State			
	Street Address	1-	Federal			
	Street Address City, State Zip , KY		Other:			
			40			
		8	Method of Payment:			
2	KDE Contact Information:		Federal Cash Request			
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement			
	Street Address 300 Sower Blvd		Automatic Payment			
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum			
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor			
	City, KY Zip Frankfort, KY 40601					
	Children,	9	Reimbursement Frequency:			
3	Description/Fund Source of Award and Fiscal Year:		Monthly			
	Description School Based Mental Health Care		Quarterly			
	Provider					
	Fund Source State General Funds		Other Beginning of Fiscal Year			
	CFDA# N/A					
	MUNIS Project Number 14MG					
	Master Agreement Number N/A	10	Financial Reporting Method:			
			Electronic Submission			
4	Grant Authority (Source): KRS 158.4416		Other			
5	Award Amount: \$7,412,340.00	11	Evaluations: Each program will be evaluated per			
			specific program guidelines to be disseminated by			
6	Period of Award:	ea	KDE Program Contacts.			
	July 1, 2020-June 30, 2021					
12	Consortia/Partnership Members: N/A					
13	Special Instructions/Conditions:					
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 30, 2020			
	Division of Budgets & Financial Managemen	t				
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