1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Adair County		State State
	Street Address 1204 Greensburg Street City, State Zip Columbia, KY 42728	4_	Federal
	City, State Zip Columbia, KY 42728		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 14MI		
	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:	ea	KDE Program Contacts.
	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	nt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Allen County		State State
	Street Address 570 Oliver Street	13_	Federal
	Street Address 570 Oliver Street City, State Zip Scottsville, KY 42164		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 14MI		
	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:	cal	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t	

Agency Name Anchorage Ind. Street Address 11400 Ridge Road City, State Zip Anchorage, KY 40223 Method of Payment: Federal Cash Request Program Consultant – Phone # Christina Weeter State City, State City, State Zip Anchorage, KY 40223 Method of Payment: Expenditure Reimbursement
8 Method of Payment: 2 KDE Contact Information: Program Consultant – Phone # Christina Weeter B Method of Payment: Federal Cash Request Expenditure Reimbursement
8 Method of Payment: 2 KDE Contact Information: Program Consultant – Phone # Christina Weeter B Method of Payment: Federal Cash Request Expenditure Reimbursement
8 Method of Payment: 2 KDE Contact Information: Program Consultant – Phone # Christina Weeter B Method of Payment: Federal Cash Request Expenditure Reimbursement
2 KDE Contact Information: □ Federal Cash Request Program Consultant – Phone # Christina Weeter □ Expenditure Reimbursement
Program Consultant – Phone # Christina Weeter
Street Address 300 Sower Blvd
Budget Contact – Phone # Nicole Crosthwaite
Street Address 300 Sower Blvd Receipt of Invoice from Vendor
City, KY Zip Frankfort, KY 40601
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 14MI
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: Why 4 2024 June 20 2022
July 1, 2021-June 30, 2022
12 Consortia/Partnership Members: N/A
13 Special Instructions/Conditions:
14 Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 10, 2021
Division of Budgets & Financial Management

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	-4	Federal
	City, State Zip Lawrenceburg, KY 40342		Other:
			10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
		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	4	
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MI		
	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:	ea.	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
1	Dirit (D. L. (O.E. L. LM	nt	
	Division of Budgets & Financial Manageme	III, A	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Ashland Ind.		State
	Street Address 1420 Central Ave	4_	Federal
	Street Address 1420 Central Ave City, State Zip Ashland, KY 41101		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 14MI		
	Master Agreement Number N/A	10	Financial Reporting Method:
	ŭ		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:	ea	KDE Program Contacts.
	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	nt (
		THE PARTY	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Augusta Ind.		State
	Street Address 307 Bracken Street	4_	Federal
	Street Address 307 Bracken Street City, State Zip Augusta, KY 41002		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 14MI		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
_	4 14 44 227 22	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:	ta.	KDE Program Contacts.
42	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	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:
			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		
	Unitaren,	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 14MI		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
_	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_	
4	Grant Authority (Source): KRS 158.4416		Other
_	A I.A	4.4	
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
_	Davied of Assessed		specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award:	d	RDE Frogram Contacts.
12	July 1, 2021-June 30, 2022		
13	Consortia/Partnership Members: N/A Special Instructions/Conditions:		
_			D + - 1
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	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:
			10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
		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	4	
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MI		
	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: Commonw	ea.	KDE Program Contacts.
10	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
1			
	Division of Budgets & Financial Manageme	ent	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bardstown Ind.	1000	State
	Street Address 308 N Fifth Street	4_	Federal
	Street Address 308 N Fifth Street 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		
	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 14MI		
	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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	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	42141		Other:
			1	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 Unilaren.	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	14MI		
	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	Our	11	Evaluations: Each program will be evaluated per
	5			specific program guidelines to be disseminated by
6	Period of Award:	Commonwe	ea	KDE Program Contacts.
	July 1, 2021-June 30, 2022			
12	Consortia/Partnership Membe			
13	Special Instructions/Condition			
14	Authorized By (Name/Title): N	licole Crosthwaite, Budget Branch		Date: June 10, 2021
		ivision of Budgets & Financial Managemer	nt	
		YUITCA		

Agency Name Bath County Street Address 405 W Main Street City, State Zip Owingsville, KY 40360 8 Method of Payment: Program Consultant - Phone # Christina Weeter Expenditure Reimbursement		
8 Method of Payment: 2 KDE Contact Information: Federal Cash Request	eet Address 405 W Main Street v, State Zip Owingsville, KY 40360	Federal Other:
8 Method of Payment: 2 KDE Contact Information: Federal Cash Request	y, State Zip Owingsville, KY 40360	Other:
8 Method of Payment: 2 KDE Contact Information: Federal Cash Request		
2 KDE Contact Information: Federal Cash Request		120
	Charles	8 Method of Payment:
Program Consultant – Phone # Christina Weeter	E Contact Information:	Federal Cash Request
Trogram Conductor Thore is Compatible Vocation	gram Consultant – Phone # Christina Weeter	Expenditure Reimbursement
Street Address 300 Sower Blvd	eet Address 300 Sower Blvd	
Budget Contact – Phone # Nicole Crosthwaite	Iget Contact – Phone # Nicole Crosthwaite	
Street Address 300 Sower Blvd Receipt of Invoice from Vendor	eet Address 300 Sower Blvd	
City, KY Zip Frankfort, KY 40601	Frankfort, KY 40601	
9 Reimbursement Frequency:	Children,	9 Reimbursement Frequency:
3 Description/Fund Source of Award and Fiscal Year: Monthly	scription/Fund Source of Award and Fiscal Year:	
Description School Based Mental Health Care Quarterly		are Quarterly
Provider		
Fund Source State General Funds Other Beginning of Fiscal Year	id Source State General Funds	☐ Other Beginning of Fiscal Year
CFDA# N/A	DA# N/A	
MUNIS Project Number 14MI	NIS Project Number 14MI	
Master Agreement Number N/A 10 Financial Reporting Method:	ster Agreement Number N/A	10 Financial Reporting Method:
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		
4 Grant Authority (Source): KRS 158.4416	int Authority (Source): KRS 158.4416	Other
	1.0	
5 Award Amount: \$43,095.00 11 Evaluations: Each program will be evaluated per	ard Amount: \$43,095.00	
	ind of Assert	specific program guidelines to be disseminated by
6 Period of Award: KDE Program Contacts.		TIVE A RDE Program Contacts.
July 1, 2021-June 30, 2022		
12 Consortia/Partnership Members: N/A		
13 Special Instructions/Conditions:		
14 Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 10, 2021		
Division of Budgets & Financial Management	Division of Budgets & Financial Manaç	nagement

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Beechwood Ind.		State State
	Street Address 50 Beechwood Road	4_	Federal
	Street Address 50 Beechwood Road 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		
	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 14MI		
	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:	ea	KDE Program Contacts.
	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	nt	

1	Name and Address of Recipie	nt:	7	Fund Type:
	Agency Name Bell County			State
	Street Address 211 Virginia Av	ve 10977 Depar	4_	Federal
	City, State Zip Pineville, KY	10977		Other:
				10-
		CAR	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	-20	
	S.1.7, 11.1 =p	V Unilgren.	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	School Based Mental Health Care		Quarterly
		Provider		La desirent
	Fund Source	State General Funds		○ Other Beginning of Fiscal Year
	CFDA#	N/A		
	MUNIS Project Number	14MI		
	Master Agreement Number	N/A	10	Financial Reporting Method:
	g			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
				specific program guidelines to be disseminated by
6	Period of Award:	Commonw	ea	KDE Program Contacts.
	July 1, 2021-June 30, 2022	COLLECTION		
12	Consortia/Partnership Membe	rs: N/A		
13	Special Instructions/Condition	ns:		
14	Authorized By (Name/Title): N	licole Crosthwaite, Budget Branch		Date: June 10, 2021
		Division of Budgets & Financial Managemer	nt	
		Ullea	MI	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bellevue Ind.	22000	State
	Street Address 219 Center Street	1	Federal
	Street Address 219 Center Street City, State Zip Bellevue, KY 41073	71	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		
	Unilaren,	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 14MI		
	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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	nt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Berea Ind.	111	State State
	Street Address 3 Pirate Parkway	4_	Federal
	Street Address 3 Pirate Parkway City, State Zip Berea, KY 40403		Other:
		7	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 14MI		
	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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t	
		MIN IN	

Agency Name Boone County Street Address 8330 US 42 City, State Zip Florence, KY 41042 Method of Payment: Federal Cash Request Program Consultant – Phone # Christina Weeter State Rederal City, State Zip Florence, KY 41042 Method of Payment: Expenditure Reimbursement	1 N	Name and Address of Recipient:	7	Fund Type:
8 Method of Payment: 2 KDE Contact Information: Federal Cash Request Program Consultant – Phone # Christina Weeter Expenditure Reimbursement	/		A 10 Min	State
8 Method of Payment: 2 KDE Contact Information: Federal Cash Request Program Consultant – Phone # Christina Weeter Expenditure Reimbursement	5	Street Address 8330 US 42	4_	Federal
8 Method of Payment: 2 KDE Contact Information: Federal Cash Request Program Consultant – Phone # Christina Weeter Expenditure Reimbursement		City, State Zip Florence, KY 41042		Other:
2 KDE Contact Information: □ Federal Cash Request Program Consultant – Phone # Christina Weeter □ Expenditure Reimbursement			1	16-
Program Consultant – Phone # Christina Weeter			8	Method of Payment:
	2 I	KDE Contact Information:		Federal Cash Request
	F	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	5	Street Address 300 Sower Blvd		Automatic Payment
Budget Contact – Phone # Nicole Crosthwaite	F	Budget Contact – Phone # Nicole Crosthwaite		
Street Address 300 Sower Blvd Receipt of Invoice from Vendor	5	Street Address 300 Sower Blvd		
City, KY Zip Frankfort, KY 40601		City, KY Zip Frankfort, KY 40601		
9 Reimbursement Frequency:		Children,	9	Reimbursement Frequency:
3 Description/Fund Source of Award and Fiscal Year:	3 Г	Description/Fund Source of Award and Fiscal Year:		
Description School Based Mental Health Care Quarterly				Quarterly
Provider				
Fund Source State General Funds Other Beginning of Fiscal Year	F	Fund Source State General Funds		Other Beginning of Fiscal Year
CFDA# N/A		CFDA# N/A		
MUNIS Project Number 14MI	1	MUNIS Project Number 14MI		
Master Agreement Number N/A 10 Financial Reporting Method:	N	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	
		Davis d of Assemb		specific program guidelines to be disseminated by
6 Period of Award: KDE Program Contacts.	_		d	NDE Program Contacts.
July 1, 2021-June 30, 2022				
12 Consortia/Partnership Members: N/A				
13 Special Instructions/Conditions:				
14 Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 10, 2021	14 /			Date: June 10, 2021
Division of Budgets & Financial Management		Division of Budgets & Financial Management	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	4_	Federal
	City, State Zip Paris, KY 40361		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		
	Unilgren.	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 14MI		
	Master Agreement Number N/A	10	Financial Reporting Method:
	ŭ		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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Manageme	nt	

1	Name and Address of Recipie	nt:	7	Fund Type:
	Agency Name Bowling Green	Ind.		State
	Street Address 1211 Center S	treet Depart	1	Federal
	City, State Zip Bowling Green	, KY 42101		Other:
			-	10
		CAR	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	-20	
	S.1.7, 11.1 =p	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	School Based Mental Health Care		Quarterly
	2 3 3 3 1 7 1 3 1 1	Provider		
	Fund Source	State General Funds		○ Other Beginning of Fiscal Year
	CFDA#	N/A		
	MUNIS Project Number	14MI		
	Master Agreement Number	N/A	10	Financial Reporting Method:
	ŭ l			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
				specific program guidelines to be disseminated by
6	Period of Award:	Commonw	ea	KDE Program Contacts.
	July 1, 2021-June 30, 2022	0022122102177		
12	Consortia/Partnership Membe	rs: N/A		
13	Special Instructions/Condition	ns:		
14	Authorized By (Name/Title): N	licole Crosthwaite, Budget Branch		Date: June 10, 2021
		ivision of Budgets & Financial Managemer	nt	
		YUITOA		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Boyd County	1000	State
	Street Address 1104 Bob McCullough Drive City, State Zip Ashland, KY 41102	4_	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		
	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 14MI		
	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:	d	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Boyle County		State State
	Street Address 352 N Danville By-Pass City, State Zip Danville, KY 40422	13_	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		
	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 14MI		
	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:	cal	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	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 Str	reet Depar	1	Federal
	City, State Zip Brooksville, KY 410	004		Other:
				16-
		Charles	8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone # Chi	ristina Weeter		Expenditure Reimbursement
	Street Address 300	O Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nic	cole Crosthwaite		Lump Sum
	Street Address 300	O Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Fra	ankfort, KY 40601		
	77	Cniiaren.	9	Reimbursement Frequency:
3	Description/Fund Source of Award	l and Fiscal Year:		Monthly
		hool Based Mental Health Care		Quarterly
	· · · · · · · · · · · · · · · · · · ·	ovider		
	Fund Source Sta	ate Ge <mark>neral Funds</mark>		Other Beginning of Fiscal Year
	CFDA# N/A			
	MUNIS Project Number 14			
	Master Agreement Number N/A	4	10	Financial Reporting Method:
				Electronic Submission
4	Grant Authority (Source): KRS 158	8.4416		Other
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:	Lommonwe	ea	KDE Program Contacts.
	July 1, 2021-June 30, 2022			
12	Consortia/Partnership Members: N	I/A		
13	Special Instructions/Conditions:			
14	Authorized By (Name/Title): Nicole	Crosthwaite, Budget Branch		Date: June 10, 2021
		on 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	71	Other:
			10
	C. S. 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		
	Unitaren,	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 14MI		
	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:	ea.	KDE Program Contacts.
10	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemer	nt .	
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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:
			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		
	Unitaren,	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 14MI		
	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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bullitt County	200	State
	Street Address 1040 Hwy 44 E	4_	Federal
	Street Address 1040 Hwy 44 E 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	-20	
	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 14MI		
	Master Agreement Number N/A	10	Financial Reporting Method:
	g a a a a a a a a a a a a a a a a a a a		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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemer	nt (

1	Name and Address of Recipier	nt:	7	Fund Type:
	Agency Name Burgin Ind.		200	State
	Street Address 140 Danville R	oad	1	Federal
	City, State Zip Burgin, KY 40	oad 310 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		
	Street Address	300 Sower Blvd		Lump Sum Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		V Chilaren.	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	14MI		
	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	Our	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by
6	Period of Award:	Commonw	00	KDE Program Contacts.
•	July 1, 2021-June 30, 2022	Commonw	Ja.	Car / Sum
12	Consortia/Partnership Membe	rs: N/A		
13	Special Instructions/Condition			
14	Authorized By (Name/Title): N	licole Crosthwaite, Budget Branch		Date: June 10, 2021
		ivision of Budgets & Financial Managemer	nt	3,202
		The state of the s		
		quea		
ļ		IVISION OF Budgets & Financial Managemen		

1	Name and Address of Recipier	nt:	7	Fund Type:
	Agency Name Butler County			State
	Street Address 203 N Tyler St	reet	1	Federal
	City, State Zip Morgantown, k	reet XY 42261 DEDAM		Other:
	,, ,			10
		CO	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		Lump Sum Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		Trecorpt of invoice from vertical
	City, KT Zip	Trankion, KT 40001	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Veer	9	Monthly
3		School Based Mental Health Care		
	Description	Provider Provider		Quarterly
	Fund Source	State General Funds		
	CFDA#	N/A		Beginning of Fiscal Teal
		14MI		
	MUNIS Project Number		40	Cinquial Departing Matheda
	Master Agreement Number	N/A	10	Financial Reporting Method:
				Electronic Submission
4	Grant Authority (Source): KR	S 158 4416		Other
-	Grant Authority (Gource): Title	5 130.4410		- Other
5	Award Amount: \$43,095.00	O11r	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, 2021-June 30, 2022	Commonw	- CE.	
12	Consortia/Partnership Membe	rs: N/A		
13	Special Instructions/Condition	ns:		
	Andlersies d. Dec (Name of Title)	licole Crosthwaite, Budget Branch		Date: June 10, 2021
14	Authorized By (Name/ Little): N			
14			nt /	
14		vivision of Budgets & Financial Managemer	nt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Caldwell County		State State
	Street Address 612 West Washington Street City, State Zip Princeton, KY 42445	1	Federal
	City, State Zip Princeton, KY 42445		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		
	Unilaren.	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 14MI		
	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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	ıt 💮	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Calloway County		State State
	Street Address 2110 College Farm Road	4_	Federal
	Street Address 2110 College Farm Road City, State Zip Murray, KY 42071		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		
	Unilaren.	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 14MI		
	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:	ea.	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Campbell County	34.000	State
	Street Address 101 Orchard Lane City, State Zip Alexandria, KY 41001	4_	Federal
	City, State Zip Alexandria, KY 41001	4 1	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		
	Unitaren,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	, h	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 14MI		
	Master Agreement Number N/A	10	Financial Reporting Method:
4	Grant Authority (Source): KRS 158.4416		Other
		1	
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:	ca.	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	nt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Campbellsville Ind.	3.00	State
	Street Address 136 S Columbia Avenue	4_	Federal
	Street Address 136 S Columbia Avenue City, State Zip Campbellsville, KY 42718	4	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 14MI		
	Master Agreement Number N/A	10	Financial Reporting Method:
	ŭ		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, 2021-June 30, 2022	- 66.	
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemer	nt	

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	4_	Federal
	City, State Zip Bardwell, KY 42023		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 14MI		
	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:	ca	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	it	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Carroll County	111	State State
	Street Address 813 Hawkins Street	4_	Federal
	Street Address 813 Hawkins Street City, State Zip Carrollton, KY 41008		Other:
		7	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:	٠,	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 14MI		
	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:	ea	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t 🗸	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Carter County		State State
	Street Address 228 S Carol Malone Blvd. City, State Zip Grayson, KY 41143	1	Federal
	City, State Zip Grayson, KY 41143		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 14MI		
	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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	nt (

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Casey County	111	State State
	Street Address 1922 N Us 127 City, State Zip Liberty, KY 42539	1_	Federal
	City, State Zip Liberty, KY 42539		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		
	Unitaren,	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 14MI		
	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:	a	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t 🗸	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Caverna Ind.		State State
	Street Address 1102 N Dixie Hwy City, State Zip Cave City, KY 42127	13_	Federal
	City, State Zip Cave City, KY 42127		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 14MI		
	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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Christian County		State State
	Street Address 200 Glass Avenue	13_	Federal
	Street Address 200 Glass Avenue 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		
	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 14MI		
	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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t	
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Clark County		State State
	Street Address 1600 W Lexington Avenue City, State Zip Winchester, KY 40391	1	Federal
	City, State Zip Winchester, KY 40391		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		
	Unitaren,	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 14MI		
	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:	ea	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	nt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Clay County		State State
	Street Address 128 Richmond Road City, State Zip Manchester, KY 40962	4_	Federal
	City, State Zip Manchester, KY 40962	47	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 14MI		
	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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	nt	

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	•4_	Federal
	City, State Zip Albany, KY 42602		Other:
			10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
		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		
	Unitaren,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider	4	
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MI		
	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:	ea.	KDE Program Contacts.
10	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
1	Division of Budgets & Financial Manageme	nt	
	Division of Budgets & Financial Manageme	400	

1	Name and Address of Recipie	nt:	7	Fund Type:	
	Agency Name Cloverport Ind.			State	
	Street Address 214 W Main St	treet Depart	4_	Federal	
	City, State Zip Cloverport, KY	40111		Other:	
			-	10-	
		CAR	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	-20		
	S.1.7, 11.1 =p	V Unilgren.	9	Reimbursement Frequency:	
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly	
	Description	School Based Mental Health Care		Quarterly	
		Provider		La desirent	
	Fund Source	State General Funds		○ Other Beginning of Fiscal Year	
	CFDA#	N/A			
	MUNIS Project Number	14MI			
	Master Agreement Number	N/A	10	Financial Reporting Method:	
	g a a a a a a a a a a a a a a a a a a a			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	
				specific program guidelines to be disseminated by	
6	Period of Award:	Commonw	ea	KDE Program Contacts.	
	July 1, 2021-June 30, 2022	0022122102177			
12	Consortia/Partnership Membe	rs: N/A			
13	Special Instructions/Condition				
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 10, 2021				
		ivision of Budgets & Financial Managemer	nt		
		WIII CA			

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Corbin Ind.		State State
	Street Address 108 Roy Kidd Avenue	1-	Federal
	Street Address 108 Roy Kidd Avenue City, State Zip Corbin, KY 40701		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 14MI		
	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:	cal	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t 🗸	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Covington Ind.	2,200	State
	Street Address 25 E Seventh Street	13_	Federal
	Street Address 25 E Seventh Street City, State Zip Covington, KY 41011		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		
	Unilaren.	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 14MI		
	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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemer	nt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Crittenden County		State
	Street Address 601 W Elm Street	1	Federal
	Street Address 601 W Elm Street City, State Zip Marion, KY 42064		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		
	Unitaren,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	1	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 14MI		
	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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	nt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Cumberland County		State State
	Street Address 810 N Main Street City, State Zip Burkesville, KY 42717	4_	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		∠ 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 14MI		
	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:	eal	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	nt	

1	Name and Address of Recipier	nt:	7	Fund Type:	
	Agency Name Danville Ind.			State State	
	Street Address 152 E. Martin L	uther King Blvd.	4	Federal	
	City, State Zip Danville, KY 4	0422		Other:	
			-	10-	
		6.50	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			
	5.1.y, 1.1. =.p	Unilgren.	9	Reimbursement Frequency:	
3	Description/Fund Source of Av	ward and Fiscal Year:		Monthly	
	Description	School Based Mental Health Care		Quarterly	
	2 330p.1131.	Provider			
	Fund Source	State General Funds		Other Beginning of Fiscal Year	
	CFDA#	N/A			
	MUNIS Project Number	14MI			
	Master Agreement Number	N/A	10	Financial Reporting Method:	
	g a a a a a a a a a a a a a a a a a a a			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:	Commonwo	eal	KDE Program Contacts.	
	July 1, 2021-June 30, 2022	0011111101111	-		
12	Consortia/Partnership Member	rs: N/A			
13	Special Instructions/Condition	s:			
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 10, 2021				
		ivision of Budgets & Financial Managemen	nt .		
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Daviess County		State 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		
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Unilaren.	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 14MI		
	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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	nt	

1	Name and Address of Recipient:		Fund Type:
	Agency Name Dawson Springs Ind.		State
	Street Address 118 E Arcadia Avenue City, State Zip Dawson Springs, KY 42408		Federal
	City, State Zip Dawson Springs, KY 42408		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		
	Unitaren,	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 14MI		
	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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipie	nt:	7	Fund Type:	
	Agency Name Dayton Ind.			State	
	Street Address 200 Clay Stree	t nengr	1	Federal	
	City, State Zip Dayton, KY 4	et Depar		Other:	
				10-	
		0.52	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		Lump Sum 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	14MI			
	Master Agreement Number	N/A	10	Financial Reporting Method:	
	J			Electronic Submission	
4	Grant Authority (Source): KR	S 158.4416		Other	
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:	Commonw	22	KDE Program Contacts.	
	July 1, 2021-June 30, 2022	Commonw	-		
12	Consortia/Partnership Membe	rs: N/A	1		
13	Special Instructions/Condition	ns:			
14	Authorized By (Name/Title): N	licole Crosthwaite, Budget Branch		Date: June 10, 2021	
	Division of Budgets & Financial Management				
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name East Bernstadt Ind.	200	State
	Street Address 296 East Highway 3094	4_	Federal
	Street Address 296 East Highway 3094 City, State Zip East Bernstadt, KY 40729	4	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		
	Unilaren.	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 14MI		
	Master Agreement Number N/A	10	Financial Reporting Method:
	ŭ		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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemer	nt (
		TOTAL TOTAL	

Agency Name Edmonson County Street Address 100 Wildcat Way City, State Zip Brownsville, KY 42210 8 Method of Payment: Federal Cash Request	
8 Method of Payment: 2 KDE Contact Information: Federal Cash Request	
8 Method of Payment: 2 KDE Contact Information: Federal Cash Request	
8 Method of Payment: 2 KDE Contact Information: Federal Cash Request	
2 KDE Contact Information: Federal Cash Request	
Program Consultant – Phone # Christina Weeter	
Street Address 300 Sower Blvd	
Budget Contact – Phone # Nicole Crosthwaite	
Street Address 300 Sower Blvd Receipt of Invoice from Vendor	
City, KY Zip Frankfort, KY 40601	
9 Reimbursement Frequency:	
3 Description/Fund Source of Award and Fiscal Year:	
Description School Based Mental Health Care Quarterly	
Provider	
Fund Source State General Funds State General Funds State General Funds	
CFDA# N/A	
MUNIS Project Number 14MI	
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 b	a by
6 Period of Award: KDE Program Contacts.	
July 1, 2021-June 30, 2022	
12 Consortia/Partnership Members: N/A	
13 Special Instructions/Conditions:	
14 Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 10, 2021	
Division of Budgets & Financial Management	

1	Name and Address of Recipie	nt:	7	Fund Type:
	Agency Name Elizabethtown	Ind.		State
	Street Address 219 Helm Stre	et 10000	1	Federal
	City, State Zip Elizabethtown,	et KY 42701 DEDAM		Other:
				10
		0.52	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		Trescipt of invoice from verices
	City, KT Zip	Trankion, ICT 40001	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Voar:	- 3	Monthly
3	Description Und Source of A	School Based Mental Health Care		Quarterly
	Description	Provider Provider		Quarterly
	Fund Source	State General Funds		
	CFDA#	N/A		Beginning of Fiscal real
	0.2	14MI		
	MUNIS Project Number		40	Financial Pararting Mathed
	Master Agreement Number	N/A	10	Financial Reporting Method:
				Electronic Submission
4	Grant Authority (Source): KR	S 158 //16	-	Other
7	Grant Additionty (Source). Kits	3 130.4410		- Other
5	Award Amount: \$43,095.00	0110	11	Evaluations: Each program will be evaluated per
	711141471111641111	Our		specific program guidelines to be disseminated by
6	Period of Award:	Commonw	00	KDE Program Contacts.
	July 1, 2021-June 30, 2022	Commonw		
12	Consortia/Partnership Membe	rs: N/A		
13	Special Instructions/Condition	is:		
14	Authorized By (Name/Title): N	licole Crosthwaite, Budget Branch		Date: June 10, 2021
		livision of Budgets & Financial Managemer	nt	
		701100		
		auca		

1	Name and Address of Recipie	nt:	7	Fund Type:
	Agency Name Elliott County			State
	Street Address P.O. Box 767	x 41171 Depar	4_	Federal
	City, State Zip Sandy Hook, k	(Y 41171		Other:
			-	10
		CAR	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 Unilaren.	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	14MI		
	Master Agreement Number	N/A	10	Financial Reporting Method:
				Electronic Submission
4	Grant Authority (Source): KR	S 158.4416		Other Other
5	Award Amount: \$43,095.00	Our	11	Evaluations: Each program will be evaluated per
	5			specific program guidelines to be disseminated by
6	Period of Award:	Commonw	eal	KDE Program Contacts.
	July 1, 2021-June 30, 2022	21/2		
12	Consortia/Partnership Membe			
13	Special Instructions/Condition			
14	Authorized By (Name/Title): N	licole Crosthwaite, Budget Branch		Date: June 10, 2021
		Pivision of Budgets & Financial Managemen	nt	
	Will Call			

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Eminence Ind.		State State
	Street Address 291 West Broadway Street City, State Zip Eminence, KY 40019	1	Federal
	City, State Zip Eminence, KY 40019		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		
	Unilaren.	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 14MI		
	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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	nt	

Agency Name
8 Method of Payment: 2 KDE Contact Information: Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd B Method of Payment: Expenditure Reimbursement Automatic Payment
8 Method of Payment: 2 KDE Contact Information: Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd B Method of Payment: Expenditure Reimbursement Automatic Payment
2 KDE Contact Information: Federal Cash Request Program Consultant − Phone # Christina Weeter Expenditure Reimbursement Street Address 300 Sower Blvd
2 KDE Contact Information: Federal Cash Request Program Consultant − Phone # Christina Weeter Expenditure Reimbursement Street Address 300 Sower Blvd
Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Expenditure Reimbursement Automatic Payment
Street Address 300 Sower Blvd Automatic Payment
Budget Contact Dhane # Nicola Creethweite
Budget Contact – Phone # Nicole Crosthwaite
Street Address 300 Sower Blvd Receipt of Invoice from Vendor
City, KY Zip Frankfort, KY 40601
Reimbursement Frequency:
3 Description/Fund Source of Award and Fiscal Year:
Description School Based Mental Health Care Quarterly
Provider
Fund Source State General Funds State General Funds State General Funds
CFDA# N/A
MUNIS Project Number 14MI
Master Agreement Number N/A 10 Financial Reporting Method:
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
1
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, 2021-June 30, 2022
12 Consortia/Partnership Members: N/A
13 Special Instructions/Conditions:
14 Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 10, 2021
Division of Budgets & Financial Management

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Estill County	3.00	State
	Street Address 253 Main Street	4_	Federal
	Street Address 253 Main Street City, State Zip Irvine, KY 40336	4	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 14MI		
	Master Agreement Number N/A	10	Financial Reporting Method:
	and the second 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
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2021-June 30, 2022	- 66.	
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemer	nt	
		THE THE	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Fairview Ind.	111	State State
	Street Address 2100 Main Street City, State Zip Ashland, KY 41102	4_	Federal
	City, State Zip Ashland, KY 41102		Other:
		1	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 14MI		
	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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	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	4_	Federal
	City, State Zip Lexington, KY 40505		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	200	
	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 14MI		
	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 O O O O O O O O O O O O O O O O O O		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2021-June 30, 2022	00.2	
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t	
	7111001		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Fleming County	111	State State
	Street Address 211 W Water Street	4_	Federal
	Street Address 211 W Water Street City, State Zip Flemingsburg, KY 41041		Other:
		1	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 14MI		
	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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Floyd County		
	Street Address 106 North Front Avenue City, State Zip Prestonsburg, KY 41653	4_	Federal
	City, State Zip Prestonsburg, KY 41653		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	4	
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MI		
	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: Commonw	ea.	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
1	Diri (D. L. (O.E. LIM	nt	
	Division of Budgets & Financial Manageme	IIL A	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Fort Thomas Ind.		State State
	Street Address 28 N Ft Thomas Avenue City, State Zip Fort Thomas, KY 41075	1	Federal
	City, State Zip Fort Thomas, KY 41075		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 14MI		
	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:	eal	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	nt	

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	7	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		
	CFDA# N/A		
	MUNIS Project Number 14MI		
	Master Agreement Number N/A	10	Financial Reporting Method:
	ŭ		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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemer	nt _	
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1	Name and Address of Recipie	nt:	7	Fund Type:	
	Agency Name Franklin Count	y		State	
	Street Address 190 Kings Dau	ghters Drive #300	1	Federal	
	City, State Zip Frankfort, KY	40601		Other:	
				10-	
		0.52	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			
	Oity, it'i Zip	Tandor, ref	9	Reimbursement Frequency:	
3	Description/Fund Source of A	ward and Fiscal Year:		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	14MI			
	Master Agreement Number	N/A	10	Financial Reporting Method:	
	Iviasiei Agreement Number	IV/A	10	Electronic Submission	
				Electronic Submission	
4	Grant Authority (Source): KR	S 158.4416		Other	
-	, (35m, 57m, 57m, 57m, 57m, 57m, 57m, 57m, 5				
5	Award Amount: \$43,095.00	O11#	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, 2021-June 30, 2022	Commonw			
12	Consortia/Partnership Membe	rs: N/A	•		
13	Special Instructions/Condition	ns:			
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 10, 2021				
		vivision of Budgets & Financial Managemer	nt		
		WIII CA			

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Fulton County	111	State State
	Street Address 2780 Moscow Avenue	4_	Federal
	Street Address 2780 Moscow Avenue City, State Zip Hickman, KY 42050		Other:
		7	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 14MI		
	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.
4.0	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Fulton Ind.		State State
	Street Address 304 West State Line	4_	Federal
	Street Address 304 West State Line City, State Zip Fulton, KY 42041		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		
	Unitaren,	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 14MI		
	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:	a	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t A	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Gallatin County	111	State State
	Street Address 600 E Main Street	4_	Federal
	Street Address 600 E Main Street City, State Zip Warsaw, KY 41095		Other:
		7	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:	٠,	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 14MI		
	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:	ca.	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipie	nt:	7	Fund Type:
	Agency Name Garrard Count	у		State
	Street Address 322 West Map	le Avenue	1	Federal
	City, State Zip Lancaster, KY	le Avenue		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		Lump Sum Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		V Chilaren,	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:	1	Monthly
	Description	School Based Mental Health Care		Quarterly
		Provider		
	Fund Source	State General Funds		
	CFDA#	N/A		
	MUNIS Project Number	14MI		
	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	Our	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by
6	Period of Award:	Commonw	00	KDE Program Contacts.
	July 1, 2021-June 30, 2022	Commonw	ua	
12	Consortia/Partnership Membe	rs: N/A	1	
13	Special Instructions/Condition	is:		
14	Authorized By (Name/Title): N	licole Crosthwaite, Budget Branch		Date: June 10, 2021
		ivision of Budgets & Financial Managemer	nt	
1		YUU		
		auca		

1	Name and Address of Recipie	nt:	7	Fund Type:	
	Agency Name Glasgow Ind.			State	
	Street Address 711 S. L. Roge	ers Wells Blvd. 42142	4_	Federal	
	City, State Zip Glasgow, KY	42142		Other:	
			-	10-	
		CAR	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 Unilaren.	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	14MI			
	Master Agreement Number	N/A	10	Financial Reporting Method:	
				Electronic Submission	
4	Grant Authority (Source): KR	S 158.4416		Other Other	
5	Award Amount: \$43,095.00	Our	11	Evaluations: Each program will be evaluated per	
	5			specific program guidelines to be disseminated by	
6	Period of Award:	Commonw	eal	KDE Program Contacts.	
40	July 1, 2021-June 30, 2022	N1/A			
12	Consortia/Partnership Membe				
13	Special Instructions/Condition				
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 10, 2021				
		Pivision of Budgets & Financial Managemer	nt		
		YUITCA			

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Grant County	30000	State
	Street Address 820 Arnie Risen Boulevard	4_	Federal
	Street Address 820 Arnie Risen Boulevard 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		
	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 14MI		
	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:	ea	KDE Program Contacts.
	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t	
	91111		

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:	1	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 14MI		
	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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	nt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Grayson County	30000	State
	Street Address 790 Shaw Station Road City, State Zip Leitchfield, KY 42755	13_	Federal
	City, State Zip Leitchfield, KY 42755		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		
	Unilaren.	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 14MI		
	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:	ea	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipier	nt:	7	Fund Type:
	Agency Name Green County		3 3 3 3 3 3	State
	Street Address 206 West Coul	rt Street Y 42743	4_	Federal
	City, State Zip Greensburg, K	Y 42743		Other:
				40
		Chic	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 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	14MI		
	Master Agreement Number	N/A	10	Financial Reporting Method:
				Electronic Submission
4	Grant Authority (Source): KR	S 158.4416		Other Other
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:	Commonw	ea.	KDE Program Contacts.
10	July 1, 2021-June 30, 2022	21/4		
12	Consortia/Partnership Membe			
13	Special Instructions/Condition			
14		licole Crosthwaite, Budget Branch		Date: June 10, 2021
	_	initiation of Dudgets & Financial Managemen	1	
	D	ivision of Budgets & Financial Managemer		

1	Name and Address of Recipie	nt:	7	Fund Type:
	Agency Name Greenup Cour	nty		State
	Street Address 45 Musketeer	Drive	1	Federal
	City, State Zip Greenup, KY			Other:
				Jo
			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		Lump Sum Receipt of Invoice from Vendor
				Receipt of invoice from vendor
	City, KY Zip	Frankfort, KY 40601		
		Ciliful 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	14MI		
	Master Agreement Number	N/A	10	Financial Reporting Method:
	g			Electronic Submission
4	Grant Authority (Source): KR	S 158.4416		Other
	j , j			
5	Award Amount: \$43,095.00	0111	11	Evaluations: Each program will be evaluated per
		Our		specific program guidelines to be disseminated by
6	Period of Award:	Commonw	00	KDE Program Contacts.
	July 1, 2021-June 30, 2022	Committee		CAL /
12	Consortia/Partnership Membe	rs: N/A	I.	
13	Special Instructions/Condition			
14	Authorized By (Name/Title): N	licole Crosthwaite, Budget Branch		Date: June 10, 2021
		Division of Budgets & Financial Managemer	nt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Hancock County		State State
	Street Address 83 State Route 3543 City, State Zip Hawesville, KY 42348	1	Federal
	City, State Zip Hawesville, KY 42348		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		
	Unilaren.	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 14MI		
	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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	nt (

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:
			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		
	Unitaren,	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 14MI		
	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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemer	nt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Harlan County	2,200	State
	Street Address 251 Ball Park Road	13_	Federal
	Street Address 251 Ball Park Road City, State Zip Harlan, KY 40831		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	200	
	Unitaren.	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 14MI		
	Master Agreement Number N/A	10	Financial Reporting Method:
	and the second 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
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2021-June 30, 2022	-	
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemer	nt	
		TOTAL TOTAL	

1	Name and Address of Recipie	nt:	7	Fund Type:
	Agency Name Harlan Ind.			State
	Street Address 420 E Central	Street Depart	4_	Federal
	City, State Zip Harlan, KY 40	831		Other:
			1	10-
		Civil	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 Unilaren,	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	14MI		
	Master Agreement Number	N/A	10	Financial Reporting Method:
				Electronic Submission
4	Grant Authority (Source): KR	S 158.4416		Other
_	Award Amount: \$42,005.00	0.00	11	Evaluation of Each program will be evaluated you
5	Award Amount: \$43,095.00	Our	' '	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by
6	Period of Award:	Commonw	00	KDE Program Contacts.
	July 1, 2021-June 30, 2022	Commonw	a	CAL CONTRACTOR OF THE CALL
12	Consortia/Partnership Membe	rs: N/A	1	
13	Special Instructions/Condition			
14	·			
	Division of Budgets & Financial Management			
		701100		
		auca		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Harrison County		State State
	Street Address 308 Webster Avenue	4_	Federal
	Street Address 308 Webster Avenue 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		
	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 14MI		
	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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	nt (

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Hart County		State State
	Street Address 25 Quality Street	4_	Federal
	Street Address 25 Quality Street 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		
	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 14MI		
	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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	nt (

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Hazard Ind.		State
	Street Address 705 Main Street	4_	Federal
	Street Address 705 Main Street City, State Zip Hazard, KY 41701		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 14MI		
	Master Agreement Number N/A	10	Financial Reporting Method:
	ŭ		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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemer	nt _	
		THE PARTY	

1	Name and Address of Recipie	nt:	7	Fund Type:
	Agency Name Henderson Co	unty		State
	Street Address 1805 Second S	Street Dan	1	Federal
	City, State Zip Henderson, KY	(42420		Other:
			-	10-
		CAR	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	-20	
	S.1.7, 11.1 =p	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	School Based Mental Health Care		Quarterly
	2 3 3 3 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1	Provider		
	Fund Source	State General Funds		○ Other Beginning of Fiscal Year
	CFDA#	N/A		
	MUNIS Project Number	14MI		
	Master Agreement Number	N/A	10	Financial Reporting Method:
	3 1 1 1 1 1 1 1 1			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
				specific program guidelines to be disseminated by
6	Period of Award:	Commonw	ea	KDE Program Contacts.
	July 1, 2021-June 30, 2022	002222202210		
12	Consortia/Partnership Membe	rs: N/A		
13	Special Instructions/Condition	ns:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 10, 2021			
		ivision of Budgets & Financial Managemer	nt	
		WIII CO		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Henry County	334 550	State
	Street Address 326 S Main Street City, State Zip New Castle, KY 40050	1-	Federal
	City, State Zip New Castle, KY 40050		Other:
		7	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		
	Unitaren,	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 14MI		
	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
	Desired of Assessed		specific program guidelines to be disseminated by
6	Period of Award:	ta.	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t A	
	Division of Daugette a 1 management		

1	Name and Address of Recipie	nt:	7	Fund Type:	
	Agency Name Hickman Cour	ity		State	
	Street Address 416 Waterfield	Drive North	1	Federal	
	City, State Zip Clinton, KY 42	Drive North		Other:	
				10-	
		0.52	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 vender	
	Oity, ICT Zip	Trankion, ICT 40001	9	Reimbursement Frequency:	
3	Description/Fund Source of A	ward and Fiscal Vear:	-	Monthly	
3	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	14MI			
	Master Agreement Number	N/A	10	Financial Reporting Method:	
	Master Agreement Number	IN/A	10	•	
4	Grant Authority (Source): KR	S 158,4416		Other	
•	Grant Additionally (Godings). The			- Culoi	
5	Award Amount: \$43,095.00	O11r	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, 2021-June 30, 2022	Commonw			
12	Consortia/Partnership Membe	rs: N/A	-11		
13	Special Instructions/Condition	ns:			
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 10, 2021				
	Division of Budgets & Financial Management				
		WIII CA			

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Hopkins County	30000	State
	Street Address 320 S Seminary Street	4_	Federal
	Street Address 320 S Seminary Street 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		
	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 14MI		
	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.
4.0	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Jackson County	Allenda	State State
	Street Address 3331 Hwy 421 South	4_	Federal
	Street Address 3331 Hwy 421 South 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		
	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 14MI		
	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:	d	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t,	
	Division of budgets & Financial Managemen		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Jackson Ind.	111	State State
	Street Address 940 Highland Avenue	4_	Federal
	Street Address 940 Highland Avenue City, State Zip Jackson, KY 41339		Other:
		7	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 14MI		
	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.
4.0	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Jefferson County	3.00	State
	Street Address 3332 Newburg Road City, State Zip Louisville, KY 40218	4_	Federal
	City, State Zip Louisville, KY 40218	4	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 14MI		
	Master Agreement Number N/A	10	Financial Reporting Method:
	ŭ		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:	ea	KDE Program Contacts.
	July 1, 2021-June 30, 2022	- 56.1	
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	nt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Jenkins Ind.		State
	Street Address 9409 Hwy 805	10 1-	Federal
	Street Address 9409 Hwy 805 City, State Zip Jenkins, KY 41537		Other:
			10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
		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		
	Unitaren,	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 14MI		
	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:	rea.	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Manageme	ent	
	Division of badgets & Financial Manageme		

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	4 1	Other:
			40
	C.S.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		
	Unitaren,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	1	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 14MI		
	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:	ea.	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemer	nt	

1	Name and Address of Recipie	nt:	7	Fund Type:
	Agency Name Johnson Coun			State
	Street Address 253 North May	o Trail	4_	Federal
	City, State Zip Paintsville, KY	41240		Other:
			1	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		
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		V Unilaren.	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	14MI		
	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	Our	11	Evaluations: Each program will be evaluated per
				specific program guidelines to be disseminated by
6	Period of Award:	Commonw	cal	KDE Program Contacts.
40	July 1, 2021-June 30, 2022	NI/A		
12	Consortia/Partnership Membe			
13	Special Instructions/Condition			
14				
		Pivision of Budgets & Financial Managemen	nt	
		Tuir a		

1	Name and Address of Recipie	nt:	7	Fund Type:
	Agency Name Kenton County			State
	Street Address 1055 Eaton Dr	ive Y 41017 Depar	4_	Federal
	City, State Zip Fort Wright, K	Y 41017		Other:
				10-
		Christian	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 Unilaren.	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	14MI		
	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	Our	11	Evaluations: Each program will be evaluated per
		C		specific program guidelines to be disseminated by
6	Period of Award:	Commonw	cal	KDE Program Contacts.
40	July 1, 2021-June 30, 2022	NI/A		
12	Consortia/Partnership Membe			
13	Special Instructions/Condition			
14				
		Pivision of Budgets & Financial Managemen	nt	
		Tuir a		

1	Name and Address of Recipie	nt:	7	Fund Type:
	Agency Name Knott County		200	State
	Street Address 1156 Hindman	Bypass 41822	4_	Federal
	City, State Zip Hindman, KY	41822		Other:
			1	10-
		CAR	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		
	- 37	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	14MI		
	Master Agreement Number	N/A	10	Financial Reporting Method:
	J J			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
				specific program guidelines to be disseminated by
6	Period of Award:	Commonw	ea	KDE Program Contacts.
	July 1, 2021-June 30, 2022	002222202210		
12	Consortia/Partnership Membe	rs: N/A		
13	Special Instructions/Condition	ns:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 10, 2021			
		ivision of Budgets & Financial Managemer	nt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Knox County		
	Street Address 200 Daniel Boone Drive City, State Zip Barbourville, KY 40906	4_	Federal
	City, State Zip Barbourville, KY 40906	47	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		
	Unilaren.	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 14MI		
	Master Agreement Number N/A	10	Financial Reporting Method:
	ŭ		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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Manageme	nt	
		THE RESERVE TO SERVE THE PERSON NAMED IN COLUMN TWO IN COLUMN TO SERVE THE PERSON NAMED IN COLUMN TWO IN COLUMN TW	

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	1	Federal
	City, State Zip Hodgenville, KY 42748	71	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		
	Unitaren,	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 14MI		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
_	4 14 4 20 20 20		
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.
42	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Laurel County	111	State State
	Street Address 718 North Main Street	4_	Federal
	Street Address 718 North Main Street City, State Zip London, KY 40741		Other:
		1	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:	٠,	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 14MI		
	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:	ca.	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Lawrence County	Allenda	State State
	Street Address 500 Bulldog Lane	4_	Federal
	Street Address 500 Bulldog Lane City, State Zip Louisa, KY 41230		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 14MI		
	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:	ca.	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	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 City, State Zip Beattyville, KY 41311	1	Federal
	City, State Zip Beattyville, KY 41311	71	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 14MI		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
_	4 14 4 20 20 20		
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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Leslie County		State
	Street Address 108 Maple Street	•	Federal
	Street Address 108 Maple Street City, State Zip Hyden, KY 41749		Other:
		1	10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
		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	1	
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MI		
	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:	ea.	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Manageme	nt	

1	Name and Address of Recipie	nt:	7	Fund Type:		
	Agency Name Letcher County	y		State		
	Street Address 224 Park Street	et 10enar	1	Federal		
	City, State Zip Whitesburg, K	et Y 41858 Depar		Other:		
				10-		
		0.52	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				
	Oky, KY Zip	Children.	9	Reimbursement Frequency:		
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly		
	Description Description	School Based Mental Health Care		Quarterly		
	Bosomption	Provider		- Quartony		
	Fund Source	State General Funds		○ Other Beginning of Fiscal Year		
	CFDA#	N/A		Boginning of Floodi Todi		
	MUNIS Project Number	14MI				
	Master Agreement Number	N/A	10	Financial Reporting Method:		
	Waster Agreement Number	TVA	.0	Electronic Submission		
				Z Electronic Odbinission		
4	Grant Authority (Source): KR	S 158.4416		Other		
	3 (3)					
5	Award Amount: \$43,095.00	0111	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, 2021-June 30, 2022	Committee				
12	Consortia/Partnership Membe	rs: N/A	-11			
13	Special Instructions/Condition	ns:				
14	Authorized By (Name/Title): N	licole Crosthwaite, Budget Branch		Date: June 10, 2021		
		Division of Budgets & Financial Managemer	nt			
		Ullina				

Agency Name Lewis County Street Address 65 Central Elementary City, State Zip Vanceburg, KY 41179 8 Method of Payment:	
8 Method of Payment:	
8 Method of Payment:	
2 KDE Contact Information: Federal Cash Request	
Program Consultant – Phone # Christina Weeter	
Street Address 300 Sower Blvd	
Budget Contact – Phone # Nicole Crosthwaite	
Street Address 300 Sower Blvd Receipt of Invoice from Vendor	
City, KY Zip Frankfort, KY 40601	
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 14MI	•
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 pe	
specific program guidelines to be disseminated	ру
6 Period of Award: KDE Program Contacts.	
July 1, 2021-June 30, 2022	
12 Consortia/Partnership Members: N/A	
13 Special Instructions/Conditions:	
14 Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 10, 2021	
Division of Budgets & Financial Management	

1	Name and Address of Recipient:	7	Fund Type:			
	Agency Name Lincoln County		State			
	Street Address 305 Danville Avenue	13_	Federal			
	Street Address 305 Danville Avenue City, State Zip Stanford, KY 40484		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 14MI					
	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, 2021-June 30, 2022					
12	Consortia/Partnership Members: N/A					
13	Special Instructions/Conditions:					
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021			
	Division of Budgets & Financial Managemen	t				
	YUU AAU Y					

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	4_	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					
	Unitaren,	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 14MI					
	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, 2021-June 30, 2022					
12	Consortia/Partnership Members: N/A					
13	Special Instructions/Conditions:					
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021			
	Division of Budgets & Financial Managemer	nt				

1	Name and Address of Recipient:	7	Fund Type:			
	Agency Name Logan County		State State			
	Street Address 2222 Bowling Green Road City, State Zip Russellville, KY 42276	4_	Federal			
	City, State Zip Russellville, KY 42276		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					
	Unitaren,	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 14MI					
	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:	eal	KDE Program Contacts.			
40	July 1, 2021-June 30, 2022					
12	Consortia/Partnership Members: N/A					
13	Special Instructions/Conditions:					
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021			
	Division of Budgets & Financial Managemen	nt				

1	Name and Address of Recipient:	7	Fund Type:			
	Agency Name Ludlow Ind.	330	State State			
	Street Address 525 Elm Street	4_	Federal			
	Street Address 525 Elm Street City, State Zip Ludlow, KY 41016		Other:			
		7	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 14MI					
	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:	ca.	KDE Program Contacts.			
40	July 1, 2021-June 30, 2022					
12	Consortia/Partnership Members: N/A					
13	Special Instructions/Conditions:					
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021			
	Division of Budgets & Financial Managemen	t				

1	Name and Address of Recipient:	7	Fund Type:			
	Agency Name Lyon County	111	State State			
	Street Address 217 Jenkins Road	4_	Federal			
	Street Address 217 Jenkins Road City, State Zip Eddyville, KY 42038		Other:			
		1	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 14MI					
	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.			
4.0	July 1, 2021-June 30, 2022					
12	Consortia/Partnership Members: N/A					
13	Special Instructions/Conditions:					
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021			
	Division of Budgets & Financial Managemen	t				
	YUIIOOIIU					

1	Name and Address of Recipie	nt:	7	Fund Type:			
	Agency Name Madison Coun		200	State			
	Street Address 301 Highland I	Park Drive 40476	4_	Federal			
	City, State Zip Richmond, KY	40476	4	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					
	1	V Unilaren.	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	14MI					
	Master Agreement Number	N/A	10	Financial Reporting Method:			
	j j			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			
				specific program guidelines to be disseminated by			
6	Period of Award:	Commonwo	ea	KDE Program Contacts.			
	July 1, 2021-June 30, 2022						
12	Consortia/Partnership Membe						
13	Special Instructions/Condition	is:					
14	Authorized By (Name/Title): N	licole Crosthwaite, Budget Branch		Date: June 10, 2021			
		ivision of Budgets & Financial Managemer	nt				

1	Name and Address of Recipie	nt:	7	Fund Type:		
	Agency Name Magoffin Coun	ty		State		
	Street Address 109 Gardner T	rail	1	Federal		
	City, State Zip Salyersville, K	rail Y 41465 Depar		Other:		
				10-		
		0.52	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				
	Oity, it'i Zip	Trainior, it 4000 ren.	9	Reimbursement Frequency:		
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly		
٦	Description Description	School Based Mental Health Care	- 7	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	14MI				
	Master Agreement Number	N/A	10	Financial Reporting Method:		
	Master Agreement Number	IN/A	10	•		
4	Grant Authority (Source): KR	S 158,4416		Other		
•	Grant Additionally (Godings). The			- Culoi		
5	Award Amount: \$43,095.00	O11r	11	Evaluations: Each program will be evaluated per		
	,	Our		specific program guidelines to be disseminated by		
6	Period of Award:	Commonw	2	KDE Program Contacts.		
	July 1, 2021-June 30, 2022	Commonw				
12	Consortia/Partnership Membe	rs: N/A	•			
13	Special Instructions/Condition	ns:				
14	Authorized By (Name/Title): N	licole Crosthwaite, Budget Branch		Date: June 10, 2021		
		Division of Budgets & Financial Managemer	nt			
		WIII CA				
	ucar					

Agency Name Marion County Street Address 755 E Main Street City, State Zip Lebanon, KY 40033 Method of Payment: Federal Cash Request Program Consultant – Phone # Christina Weeter State Rederal City, State Zip Federal Cother: Method of Payment: Expenditure Reimbursement	Federal Other: 8 Method of Payment:
8 Method of Payment: 2 KDE Contact Information: Federal Cash Request	8 Method of Payment:
8 Method of Payment: 2 KDE Contact Information: Federal Cash Request	8 Method of Payment:
8 Method of Payment: 2 KDE Contact Information: Federal Cash Request	8 Method of Payment:
2 KDE Contact Information: Federal Cash Request	
Program Consultant – Phone # Christina Weeter	Federal Cash Request
	Expenditure Reimbursement
Street Address 300 Sower Blvd	
Budget Contact – Phone # Nicole Crosthwaite	
Street Address 300 Sower Blvd Receipt of Invoice from Vendor	
City, KY Zip Frankfort, KY 40601	
9 Reimbursement Frequency:	9 Reimbursement Frequency:
3 Description/Fund Source of Award and Fiscal Year:	
Description School Based Mental Health Care Quarterly	Care Quarterly
Provider	
Fund Source State General Funds Other Beginning of Fiscal Year	◯ Other Beginning of Fiscal Year
CFDA# N/A	
MUNIS Project Number 14MI	
Master Agreement Number N/A 10 Financial Reporting Method:	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: KDE Program Contacts.	OIIWEAL RIDE Program Contacts.
July 1, 2021-June 30, 2022	
12 Consortia/Partnership Members: N/A	
13 Special Instructions/Conditions:	
14 Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 10, 2021	
Division of Budgets & Financial Management	Management

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	2rt_	Federal	
	City, State Zip Benton, KY 42025		Other:	
			10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	Carrie	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			
	Unitaren,	9	Reimbursement Frequency:	
3	Description/Fund Source of Award and Fiscal Year:		Monthly	
	Description School Based Mental Health Cal	e	Quarterly	
	Provider			
	Fund Source State General Funds		Other Beginning of Fiscal Year	
	CFDA# N/A			
	MUNIS Project Number 14MI			
	Master Agreement Number N/A	10	Financial Reporting Method:	
4	Grant Authority (Source): KRS 158.4416		Other	
5	Award Amount: \$43,095.00	11 11	Evaluations: Each program will be evaluated per	
			specific program guidelines to be disseminated by	
6	Period of Award:	nwea	KDE Program Contacts.	
40	July 1, 2021-June 30, 2022			
12	Consortia/Partnership Members: N/A			
13	Special Instructions/Conditions:			
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021	
1	Division of Budgets & Financial Management			
	Division of Budgets & Financial Mar	lagement		

1	Name and Address of Recipient:	7	Fund Type:			
	Agency Name Martin County	111	State State			
	Street Address 104 East Main Street City, State Zip Inez, KY 41224	4_	Federal			
	City, State Zip Inez, KY 41224		Other:			
		7	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 14MI					
	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, 2021-June 30, 2022					
12	Consortia/Partnership Members: N/A					
13	Special Instructions/Conditions:					
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021			
	Division of Budgets & Financial Managemen	t				
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1	Name and Address of Recipie	nt:	7	Fund Type:	
	Agency Name Mason County			State	
	Street Address 34 East 2nd S	treet Depart	4_	Federal	
	City, State Zip Maysville, KY	41056		Other:	
			-	10-	
		CAR	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		Lump Sum 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	14MI			
	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	Our	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, 2021-June 30, 2022	Committee	- CE		
12	Consortia/Partnership Members: N/A				
13	Special Instructions/Condition	ns:			
14	Authorized By (Name/Title): N	licole Crosthwaite, Budget Branch		Date: June 10, 2021	
	Division of Budgets & Financial Management				
		TITO A			

Agency Name Mayfield Ind. Street Address 914 E College Stret City, State Zip Mayfield, KY 42066 Method of Payment: Federal Cash Request Program Consultant – Phone # Christina Weeter State Rederal Expenditure Reimbursement	2
8 Method of Payment: 2 KDE Contact Information: Federal Cash Request	2
8 Method of Payment: 2 KDE Contact Information: Federal Cash Request	2
8 Method of Payment: 2 KDE Contact Information: Federal Cash Request	2
2 KDE Contact Information: Federal Cash Request	2
	2
Program Consultant – Phone # Christina Weeter	
Trogram Conductar Thore if Compared to the Conductar Compared to the Conductar Compared to the Conductar C	
Street Address 300 Sower Blvd	
Budget Contact – Phone # Nicole Crosthwaite	
Street Address 300 Sower Blvd Receipt of Invoice from Vendor	
City, KY Zip Frankfort, KY 40601	
9 Reimbursement Frequency:	
3 Description/Fund Source of Award and Fiscal Year: Monthly	3
Description School Based Mental Health Care Quarterly	
Provider	
Fund Source State General Funds Other Beginning of Fiscal Year	
CFDA# N/A	
MUNIS Project Number 14MI	
Master Agreement Number N/A 10 Financial Reporting Method:	
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
4 Grant Authority (Source): KRS 158.4416	4
	_
5 Award Amount: \$43,095.00 11 Evaluations: Each program will be evaluated per	5
specific program guidelines to be disseminated by	
6 Period of Award: KDE Program Contacts.	ь
July 1, 2021-June 30, 2022	10
12 Consortia/Partnership Members: N/A	
13 Special Instructions/Conditions:	
14 Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 10, 2021	14
Division of Budgets & Financial Management	

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	7	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		
	Unitaren,	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 14MI		
	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.
4.0	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name McCreary County	1000	State
	Street Address 120 Raider Way City, State Zip Stearns, KY 42647	4_	Federal
	City, State Zip Stearns, KY 42647		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 14MI		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
_	4 14 44 227 22		
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
_	Davied of Assert		specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award:	d	NDE Program Contacts.
12	July 1, 2021-June 30, 2022		
13	Consortia/Partnership Members: N/A Special Instructions/Conditions:		
_			D + - 1
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t,	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name McLean County	1000	State
	Street Address 410 Highway 136 East City, State Zip Calhoun, KY 42327	4_	Federal
	City, State Zip Calhoun, KY 42327		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		
	Unitaren,	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 14MI		
	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:	eal	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t 🗸	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Meade County	200	State
	Street Address 1155 Old Ekron Road	0 d	Federal
	Street Address 1155 Old Ekron Road City, State Zip Brandenburg, KY 40108		Other:
		1	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	4	
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MI		
	Master Agreement Number N/A	10	Financial Reporting Method:
	ŭ		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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Manageme	nt	

1	Name and Address of Recipient:	7	Fund Type:			
	Agency Name Menifee County		State State			
	Street Address 110 Main Street	13	Federal			
	Street Address 110 Main Street City, State Zip Frenchburg, KY 40322	40	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					
	Unilaren.	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 14MI					
	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, 2021-June 30, 2022					
12	Consortia/Partnership Members: N/A					
13	Special Instructions/Conditions:					
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021			
	Division of Budgets & Financial Managemen	t				
	YIIIIOOIIV					

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Mercer County		State
	Street Address 530 Perryville Road	epartr	Federal
	City, State Zip Harrodsburg, KY 40330		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		
	Unitar	CII , 9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental I	Health Care	Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MI		
	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	<i>Our</i> 11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	monweal	KDE Program Contacts.
10	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budg		Date: June 10, 2021
1	Division of Budgets & Fina	ancial Management	
	Division of budgets & Find	anolal Management	

1	Name and Address of Recipie	nt:	7	Fund Type:	
	Agency Name Metcalfe Coun	ty		State	
	Street Address 109 Sartin Driv	ve 1000	1	Federal	
	City, State Zip Edmonton, KY	ve Depar		Other:	
	,			10-	
		0.52	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			
	- inj, i i i i i i i i i i i i i i i i i i i	V 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	14MI			
	Master Agreement Number	N/A	10	Financial Reporting Method:	
	ŭ .			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	
				specific program guidelines to be disseminated by	
6	Period of Award:	Commonwo	ea	KDE Program Contacts.	
	July 1, 2021-June 30, 2022				
12	Consortia/Partnership Membe				
13	Special Instructions/Condition	ns:			
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 10, 2021				
		ivision of Budgets & Financial Managemer	nt		

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	4_	Federal
	City, State Zip Middlesboro, KY 40965		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 14MI		
	Master Agreement Number N/A	10	Financial Reporting Method:
	g a contract of the contract o		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, 2021-June 30, 2022	-	
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	nt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Model Laboratory School		State
	Street Address 521 Lancaster Ave City, State Zip Richmond, KY 40475	4_	Federal
	City, State Zip Richmond, KY 40475	47	Other:
			10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
		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 14MI		
	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:	ea.	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Manageme	nt	

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	4_	Federal
	City, State Zip Tompkinsville, KY 42167		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		
	Unilaren.	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 14MI		
	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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Manageme	nt	
	Division of budgets & Financial Manageme	100	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Montgomery County		State State
	Street Address 700 Woodford Drive	1_	Federal
	Street Address 700 Woodford Drive 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		
	Unitaren,	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 14MI		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
	0 14 11 11 (0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
4	Grant Authority (Source): KRS 158.4416		Other
_	4 44 44 44 44		
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	Davie de Charact		specific program guidelines to be disseminated by
6	Period of Award:	d	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Morgan County	Allenda	State State
	Street Address 155 University Drive	4_	Federal
	Street Address 155 University Drive City, State Zip West Liberty, KY 41472		Other:
		and the	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 14MI		
	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:	ca.	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	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	4_	Federal
	City, State Zip Powderly, KY 42367	40	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		
	Unitaren,	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 14MI		
	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:	cal	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipie	nt:	7	Fund Type:	
	Agency Name Murray Ind.			State	
	Street Address 208 S 13th Str	eet 10000	1	Federal	
	City, State Zip Murray, KY 42	eet Depar		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			
	Street Address	300 Sower Blvd		Lump Sum Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601	20		
	1 97	V Unilaren.	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			
	CFDA#	N/A			
	MUNIS Project Number	14MI			
	Master Agreement Number	N/A	10	Financial Reporting Method:	
	J			Electronic Submission	
4	Grant Authority (Source): KR	S 158.4416		Other	
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:	Commonw	00	KDE Program Contacts.	
	July 1, 2021-June 30, 2022	Committee	Val.	6.1.1	
12	Consortia/Partnership Membe	rs: N/A	1		
13	Special Instructions/Condition	ns:			
14	Authorized By (Name/Title): N	licole Crosthwaite, Budget Branch		Date: June 10, 2021	
	Division of Budgets & Financial Management				
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		ruca			

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	r.	Federal
	City, State Zip Bardstown, KY 40004		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		
	Unitaren,	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 14MI		
	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:	vea	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managem	nent	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Newport Ind.	111	State State
	Street Address 30 W. 8th Street	4_	Federal
	Street Address 30 W. 8th Street City, State Zip Newport, KY 41071		Other:
		1	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:	٠,	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 14MI		
	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:	ca.	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t	

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	4 1	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		
	Unitaren,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	1	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 14MI		
	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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemer	nt	
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Ohio County		State
	Street Address 315 E Union Street	1	Federal
	Street Address 315 E Union Street City, State Zip Hartford, KY 42347	71	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		
	Unilaren,	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 14MI		
	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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	nt	

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	4_	Federal
	City, State Zip Crestwood, KY 40014	47	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		
	Unitaren,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	1	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 14MI		
	Master Agreement Number N/A	10	Financial Reporting Method:
4	Grant Authority (Source): KRS 158.4416		Other
		1	
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:	ca.	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemer	nt	

1	Name and Address of Recipie	nt:	7	Fund Type:	
	Agency Name Owen County			State	
	Street Address 1600 Hwy 22 I	nenar	1	Federal	
	City, State Zip Owenton, KY	to the part of the		Other:	
				10	
		CAR	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		Trescipt of invoice from vender	
	City, KT Zip	Trankfort, ICT 40001	9	Reimbursement Frequency:	
3	Description/Fund Source of A	ward and Fiscal Voar:	9		
3	Description Und Source of A	School Based Mental Health Care		Monthly Quarterly	
	Description	Provider Provider		Quarterly	
	Fund Source	State General Funds			
	CFDA#	N/A		Degining of Fiscal Teal	
	0	14MI	-		
	MUNIS Project Number	N/A	40	Cinqueial Deporting Methods	
	Master Agreement Number	N/A	10	Financial Reporting Method:	
				Electronic Submission	
4	Grant Authority (Source): KR	S 158 4416		Other	
7	Grant Additionty (Godice): The	0 130.7410		- Other	
5	Award Amount: \$43,095.00	0110	11	Evaluations: Each program will be evaluated per	
	7 d. d. 7 4 . 5 , 5	Our		specific program guidelines to be disseminated by	
6	Period of Award:	Commonw	22	KDE Program Contacts.	
	July 1, 2021-June 30, 2022	COMMITTORIA			
12	Consortia/Partnership Membe	rs: N/A	-II		
13	Special Instructions/Condition	ns:			
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 10, 2021				
		Division of Budgets & Financial Managemer	nt		
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		auca			

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:
			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 14MI		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
_	4 14 4 20 20 20	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:	ta.	KDE Program Contacts.
42	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	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	1	Federal
	Street Address 14 Old KY 11 City, State Zip Booneville, KY 41314		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		
	Unilaren,	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 14MI		
	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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemer	nt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Paducah Ind.	111	State State
	Street Address 800 Caldwell Street City, State Zip Paducah, KY 42002	4_	Federal
	City, State Zip Paducah, KY 42002		Other:
		7	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 14MI		
	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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipie	nt:	7	Fund Type:
	Agency Name Paintsville Ind.			State
	Street Address 305 2nd Street	t Depar	1	Federal
	City, State Zip Paintsville, KY	41240		Other:
	,			10-
		0.32	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		
	Sky, 111 = .p	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	School Based Mental Health Care		Quarterly
	2000.15.10.11	Provider		
	Fund Source	State General Funds		○ Other Beginning of Fiscal Year
	CFDA#	N/A		
	MUNIS Project Number	14MI		
	Master Agreement Number	N/A	10	Financial Reporting Method:
	master / tgreement / tamber	147		Electronic Submission
				Z Zissiisiis easimeeni
4	Grant Authority (Source): KR	S 158.4416		Other
5	Award Amount: \$43,095.00	()11r	11	Evaluations: Each program will be evaluated per
		Our Our		specific program guidelines to be disseminated by
6	Period of Award:	Commonwe	22	KDE Program Contacts.
	July 1, 2021-June 30, 2022	Committee	-	CAT .
12	Consortia/Partnership Membe	rs: N/A		
13	Special Instructions/Condition	ns:		
14	Authorized By (Name/Title): N	licole Crosthwaite, Budget Branch		Date: June 10, 2021
		ivision of Budgets & Financial Managemer	nt	
		Ulica	111	

1	Name and Address of Recipie	nt:	7	Fund Type:
	Agency Name Paris Ind.			State
	Street Address 310 W Sevent	h Street 61	4_	Federal
	City, State Zip Paris, KY 403	61		Other:
				10
		CAR	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 Unilaren.	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	14MI		
	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	Our	11	Evaluations: Each program will be evaluated per
	5			specific program guidelines to be disseminated by
6	Period of Award:	Commonw	ea.	KDE Program Contacts.
40	July 1, 2021-June 30, 2022	N1/A		
12	Consortia/Partnership Membe			
13	Special Instructions/Condition			
14		licole Crosthwaite, Budget Branch		Date: June 10, 2021
		ivision of Budgets & Financial Managemer	nt	
		YUITOA		

1	Name and Address of Recipie	nt:	7	Fund Type:
	Agency Name Pendleton Cou	ınty	Fig. Co.	State
	Street Address 2525 Hwy 27 I	N A DAMAR	1	Federal
	City, State Zip Falmouth, KY	N epar		Other:
				10-
		CAR	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		Treselect invelor from vender
	City, KT Zip	Trankfort, ICT 40001	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Voor:	- 9	Monthly
3	-	School Based Mental Health Care		
	Description	Provider Provider		Quarterly
	Fund Source	State General Funds		Other Beginning of Figure Vegr
	CFDA#	N/A		Other Beginning of Fiscal Year
		1 7 1		
	MUNIS Project Number	14MI	40	Figure in Deposition Mathed
	Master Agreement Number	N/A	10	Financial Reporting Method:
				Electronic Submission
4	Grant Authority (Source): KR	S 159 //16		Other
~	Grant Additionty (Source). Kit	3 130.4410		U Ottlei
5	Award Amount: \$43,095.00	O 1142	11	Evaluations: Each program will be evaluated per
"	Award Amount. \$45,055.00	Our	l ''	specific program guidelines to be disseminated by
6	Period of Award:	Commons	00	KDE Program Contacts.
•	July 1, 2021-June 30, 2022	Commonw	a	
12	Consortia/Partnership Membe	rs· N/A		
13	Special Instructions/Condition		140	
14	•	licole Crosthwaite, Budget Branch		Date: June 10, 2021
14		Division of Budgets & Financial Managemer		Date. Julie 10, 2021
	<u> </u>	ovision of budgets & Financial Managemen	IL.	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Perry County	22000	State
	Street Address 315 Park Avenue	1	Federal
	Street Address 315 Park Avenue City, State Zip Hazard, KY 41701	4 1	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 14MI		
	Master Agreement Number N/A	10	Financial Reporting Method:
	ŭ		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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	nt (

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Pike County		State
	Street Address 314 S Mayo Trail	1	Federal
	Street Address 314 S Mayo Trail City, State Zip Pikeville, KY 41502	71	Other:
			10
	C.S.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		
	Unilaren,	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 14MI		
	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:	ea.	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemer	nt .	
L			

1	Name and Address of Recipie	nt:	7	Fund Type:
	Agency Name Pikeville Ind.			State
	Street Address 148 Second St	treet Depar	4_	Federal
	City, State Zip Pikeville, KY	11501		Other:
			-	10-
		CAR	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 Unilaren.	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	14MI		
	Master Agreement Number	N/A	10	Financial Reporting Method:
				Electronic Submission
4	Grant Authority (Source): KR	S 158.4416		Other Other
5	Award Amount: \$43,095.00	Our	11	Evaluations: Each program will be evaluated per
	5			specific program guidelines to be disseminated by
6	Period of Award:	Commonw	eal	KDE Program Contacts.
40	July 1, 2021-June 30, 2022	N1/A		
12	Consortia/Partnership Membe			
13	Special Instructions/Condition			
14	Authorized By (Name/Title): N	licole Crosthwaite, Budget Branch		Date: June 10, 2021
		Pivision of Budgets & Financial Managemer	nt (
		YUITCA		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Pineville Ind.		State
	Street Address 401 Virginia Avenue	1	Federal
	Street Address 401 Virginia Avenue City, State Zip Pineville, KY 40977	71	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		
	Unilaren,	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 14MI		
	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:	ea.	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	nt	

1	Name and Address of Recipie	nt:	7	Fund Type:
	Agency Name Powell County			State
	Street Address 691 Breckinrid	ge Street 0380	4_	Federal
	City, State Zip Stanton, KY 4	0380		Other:
				10-
		Civil	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	14 <mark>MI</mark>		
	Master Agreement Number	N/A	10	Financial Reporting Method:
				Electronic Submission
		0.450.4440	_	
4	Grant Authority (Source): KR	S 158.4416		Other
5	Award Amount: \$43,095.00	- O.	11	Evaluations: Each program will be evaluated per
3	Award Amount. \$45,095.00	Our	''	specific program guidelines to be disseminated by
6	Period of Award:	Commonw	00	KDE Program Contacts.
	July 1, 2021-June 30, 2022	Committee	Jai	
12	Consortia/Partnership Membe	rs: N/A		
13	Special Instructions/Condition	ns:		
14	Authorized By (Name/Title): N	licole Crosthwaite, Budget Branch		Date: June 10, 2021
		Division of Budgets & Financial Managemer	nt	
		Ullea		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Pulaski County	A. C. C.	State
	Street Address 501 University Drive City, State Zip Somerset, KY 42503	4_	Federal
	City, State Zip Somerset, KY 42503		Other:
		7	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	20	
	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 14MI		
	Master Agreement Number N/A	10	Financial Reporting Method:
	January Company of the Company of th		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, 2021-June 30, 2022	36.	
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	nt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Raceland Ind.	100 Sec. 100	State
	Street Address 600 Ram Blvd	101	Federal
	Street Address 600 Ram Blvd City, State Zip Raceland, KY 41169	4 7 1	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		
	Unilaren.	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 14MI		
	Master Agreement Number N/A	10	Financial Reporting Method:
	o de la companya de l		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:	vea.	KDE Program Contacts.
	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managem	ent	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Robertson County		State State
	Street Address 1762 Sardis Road City, State Zip Mount Olivet, KY 41064	1_	Federal
	City, State Zip Mount Olivet, KY 41064		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		
	Unitaren,	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 14MI		
	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:	a	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t 🗸	

1	Name and Address of Recipie	nt:	7	Fund Type:
	Agency Name Rockcastle Co	unty		State
	Street Address 245 Richmond	Street	1	Federal
	City, State Zip Mount Vernon,	Street KY 40456		Other:
				10
		0.152	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 Blyd		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		Trescipt of invoice from vender
	City, KT Zip	Harkott, KT 40001	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Voor:	9	Monthly
3	Description Description	School Based Mental Health Care		Quarterly
	Description	Provider Provider		Quarterly
	Fund Source	State General Funds		
	CFDA#	N/A		Beginning of Fiscal feat
	0.2	14MI	-	
	MUNIS Project Number		40	Financial Pararting Mathods
	Master Agreement Number	N/A	10	Financial Reporting Method:
				Electronic Submission
4	Grant Authority (Source): KR	S 158 //16		Other
7	Grant Additionty (Godice): Title	5 130.4410		- Other
5	Award Amount: \$43,095.00	O11#	11	Evaluations: Each program will be evaluated per
	7 111 41 11 11 11 11 11 11 11 11 11 11 11	Our		specific program guidelines to be disseminated by
6	Period of Award:	Commonw	22	KDE Program Contacts.
	July 1, 2021-June 30, 2022	Commonw		
12	Consortia/Partnership Membe	rs: N/A	-11	
13	Special Instructions/Condition	is:		
14	Authorized By (Name/Title): N	licole Crosthwaite, Budget Branch		Date: June 10, 2021
		livision of Budgets & Financial Managemer	nt /	
		TITO A		
		ruca		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Rowan County		
	Street Address 415 West Sun Street City, State Zip Morehead, KY 40351	4_	Federal
	City, State Zip Morehead, KY 40351	47	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		
	Unitaren,	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 14MI		
	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:	ea.	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Manageme	nt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Russell County		State State
	Street Address 404 South Main Street	13_	Federal
	Street Address 404 South Main Street 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		
	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 14MI		
	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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Russell Ind.	111	State State
	Street Address 409 Belfont Street	4_	Federal
	Street Address 409 Belfont Street City, State Zip Russell, KY 41169		Other:
		7	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 14MI		
	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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t	

Agency Name Russellville Ind. Street Address 355 South Summer Street City, State Zip Russellville, KY 42276 Method of Payment: Federal Cash Request Federal Cash Request Expenditure Reimbursement Automatic Payment Automatic Payment
8 Method of Payment: 2 KDE Contact Information: Program Consultant – Phone # Christina Weeter 8 Method of Payment: Federal Cash Request Expenditure Reimbursement
8 Method of Payment: 2 KDE Contact Information: Program Consultant – Phone # Christina Weeter 8 Method of Payment: Federal Cash Request Expenditure Reimbursement
2 KDE Contact Information: Program Consultant – Phone # Christina Weeter Federal Cash Request Expenditure Reimbursement
2 KDE Contact Information: Program Consultant – Phone # Christina Weeter Federal Cash Request Expenditure Reimbursement
Program Consultant – Phone # Christina Weeter
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
9 Reimbursement Frequency:
3 Description/Fund Source of Award and Fiscal Year:
Description School Based Mental Health Care Quarterly
Provider
Fund Source State General Funds State General Funds State General Funds
CFDA# N/A
MUNIS Project Number 14MI
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, 2021-June 30, 2022
12 Consortia/Partnership Members: N/A
13 Special Instructions/Conditions:
14 Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 10, 2021
Division of Budgets & Financial Management

Agency Name
8 Method of Payment: 2 KDE Contact Information:
8 Method of Payment: 2 KDE Contact Information:
8 Method of Payment: 2 KDE Contact Information:
2 KDE Contact Information: □ Federal Cash Request Program Consultant – Phone # Christina Weeter □ Expenditure Reimbursement Street Address 300 Sower Blvd □ Automatic Payment
Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd
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
9 Reimbursement Frequency:
3 Description/Fund Source of Award and Fiscal Year:
Description School Based Mental Health Care Quarterly
Provider
Fund Source State General Funds State General Funds State General Funds
CFDA# N/A
MUNIS Project Number 14MI
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, 2021-June 30, 2022
12 Consortia/Partnership Members: N/A
13 Special Instructions/Conditions:
14 Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 10, 2021
Division of Budgets & Financial Management

Agency Name Scott County Street Address 2168 Frankfort Pk. City, State Zip Georgetown, KY 40324 Method of Payment: Federal Other: KDE Contact Information: Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd State Federal Other: Federal Cash Request Expenditure Reimbursement Automatic Payment
8 Method of Payment: 2 KDE Contact Information: Federal Cash Request Program Consultant – Phone # Christina Weeter Expenditure Reimbursement
8 Method of Payment: 2 KDE Contact Information: Federal Cash Request Program Consultant – Phone # Christina Weeter Expenditure Reimbursement
8 Method of Payment: 2 KDE Contact Information: Federal Cash Request Program Consultant – Phone # Christina Weeter Expenditure Reimbursement
2 KDE Contact Information: Program Consultant – Phone # Christina Weeter Federal Cash Request Expenditure Reimbursement
Program Consultant – Phone # Christina Weeter
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
9 Reimbursement Frequency:
3 Description/Fund Source of Award and Fiscal Year:
Description School Based Mental Health Care Quarterly
Provider
Fund Source State General Funds State General Funds State General Funds
CFDA# N/A
MUNIS Project Number 14MI
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, 2021-June 30, 2022
12 Consortia/Partnership Members: N/A
13 Special Instructions/Conditions:
14 Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 10, 2021
Division of Budgets & Financial Management

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Shelby County	200	State
	Street Address 1155 W Main Street City, State Zip Shelbyville, KY 40065	1	Federal
	City, State Zip Shelbyville, KY 40065		Other:
		1	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		
	Unilgren.	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 14MI		
	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
	Our		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2021-June 30, 2022	-	
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Manageme	nt	

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	71	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		
	Unilaren,	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 14MI		
	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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	nt	

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	4_	Federal
	City, State Zip Somerset, KY 42501	4 1	Other:
			40
	C.S.	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		
	Unilaren,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	1	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 14MI		
	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:	ea.	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemer	nt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Southgate Ind.		State State
	Street Address 6 William F. Blatt Avenue City, State Zip Southgate, KY 41071	4_	Federal
	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		
	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 14MI		
	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:	ea	KDE Program Contacts.
	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	nt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Spencer County		State
	Street Address 207 W Main Street	epart,	Federal
	City, State Zip Taylorsville, KY 40071) Charle	Other:
			10
	Chro	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		
	Uniidi	7C17. 9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MI		
	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	Our 11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	imonweal	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budg		Date: June 10, 2021
1	Division of Budgets 9 Fir	ancial Management	
	Division of Budgets & Fir	ianciai management	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Taylor County		State State
	Street Address 1209 E Broadway	4_	Federal
	Street Address 1209 E Broadway 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		
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Unilaren.	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 14MI		
	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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	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	•4_	Federal
	Street Address 205 Airport Road City, State Zip Elkton, KY 42220		Other:
			10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
		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		
	Unitaren,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider	4	
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MI		
	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:	ea.	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of the second of the		
	Division of Budgets & Financial Manageme	nt A	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Trigg County		State State
	Street Address 202 Main Street	1_	Federal
	Street Address 202 Main Street City, State Zip Cadiz, KY 42211		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		
	Unitaren,	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 14MI		
	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:	ca.	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	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 City, State Zip Bedford, KY 40006	4_	Federal
	City, State Zip Bedford, KY 40006	47	Other:
			10
	C. S. 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		
	Unitaren,	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 14MI		
	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:	cal	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemer	nt	

1	Name and Address of Recipie	nt:	7	Fund Type:
	Agency Name Union County			State
	Street Address 510 S Mart Str	eeet	1	Federal
	City, State Zip Morganfield, K	eeet Y 42437		Other:
				10-
		0.52	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		Treselect invelor from vender
	City, KT Zip	Trankion, KT 40001	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Voor:	- 9	
3	-	School Based Mental Health Care		
	Description	Provider Provider		Quarterly
	Fund Source	State General Funds		Other Beginning of Figure Vegr
	CFDA#	N/A		Other Beginning of Fiscal Year
		1 4 1		
	MUNIS Project Number	14MI	40	Fig. 11B (1 H d)
	Master Agreement Number	N/A	10	Financial Reporting Method:
				Electronic Submission
4	Grant Authority (Source): KR	\$ 159 4416		Other
~	Grant Additionty (Source). Kits	3 130.4410		U Ottlei
5	Award Amount: \$43,095.00	O 1142	11	Evaluations: Each program will be evaluated per
3	Award Amount: \$45,035.00	Our		specific program guidelines to be disseminated by
6	Period of Award:	Commonw	00	KDE Program Contacts.
	July 1, 2021-June 30, 2022	Commonw	a	CAL
12	Consortia/Partnership Membe	rs: N/A	1	
13	Special Instructions/Condition			
14	-	licole Crosthwaite, Budget Branch		Date: June 10, 2021
'		Division of Budgets & Financial Managemer	ht	Date. Suite 10, 2021
	<u> </u>	Tribion of Budgets & Financial Managemen		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Walton Verona Ind.		State State
	Street Address 16 School Road	4_	Federal
	Street Address 16 School Road City, State Zip Walton, KY 41094		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 14MI		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
_			
4	Grant Authority (Source): KRS 158.4416		Other
_	A 14 44 A47 A47		
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	Device Lef Assembly		specific program guidelines to be disseminated by
6	Period of Award:	d	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t,	
	Bivioloti of Badgete & Financial Management		

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	4_	Federal
	City, State Zip Bowling Green, KY 42102		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		
	Unitaren,	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 14MI		
	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:	d	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipie	nt:	7	Fund Type:
	Agency Name Washington Co	ounty	200	State
	Street Address 120 Mackville	Hill Road	1	Federal
	City, State Zip Springfield, KY	Hill Road 40069		Other:
				10-
		0.52	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		Lump Sum Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		V Chilaren,	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		
	CFDA#	N/A		
	MUNIS Project Number	14MI		
	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	Our	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, 2021-June 30, 2022	Commonw	-	
12	Consortia/Partnership Membe	rs: N/A		
13	Special Instructions/Condition	is:		
14	Authorized By (Name/Title): N	licole Crosthwaite, Budget Branch		Date: June 10, 2021
		ivision of Budgets & Financial Managemer	nt	
		WIII CO		

1	Name and Address of Recipier	nt:	7	Fund Type:
	Agency Name Wayne County			State
	Street Address 1025 S Main St	treet 42633 CD CD AT	1	Federal
	City, State Zip Monticello, KY	42633	4 1	Other:
				10
		Color	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 Av	vard and Fiscal Year:	1	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	14MI		
	Master Agreement Number	N/A	10	Financial Reporting Method:
				Electronic Submission
4	Grant Authority (Source): KRS	S 158.4416		Other
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:	Commonw	ea.	KDE Program Contacts.
10	July 1, 2021-June 30, 2022	21/2		
12	Consortia/Partnership Member			
13	Special Instructions/Condition			
14		icole Crosthwaite, Budget Branch		Date: June 10, 2021
1	l	ivision of Budgets & Financial Managemer	nt .	
)	vision of budgets & Financial Managemen		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Webster Co	111	State State
	Street Address 28 State Route 1340	4_	Federal
	Street Address 28 State Route 1340 City, State Zip Dixon, KY 42409		Other:
		1	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:	٠,	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 14MI		
	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:	ca.	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	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	4_	Federal
	City, State Zip Williamsburg, KY 40769		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 14MI		
	Master Agreement Number N/A	10	Financial Reporting Method:
	January Company of the Company of th		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, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	nt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Williamsburg Ind.	111	State State
	Street Address 1000 Main Street	4_	Federal
	Street Address 1000 Main Street City, State Zip Williamsburg, KY 40769		Other:
		7	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 14MI		
	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:	ea	KDE Program Contacts.
	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t	
		MIN IN	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Williamstown Ind.	111	State State
	Street Address 300 Helton Street	4_	Federal
	Street Address 300 Helton Street City, State Zip Williamstown, KY 41097		Other:
		7	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:	٠,	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 14MI		
	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.
4.0	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Wolfe County		State State
	Street Address 85 Main Street City, State Zip Campton, KY 41301	13_	Federal
	City, State Zip Campton, KY 41301		Other:
			16-
	C. D. J.	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 14MI		
	Master Agreement Number N/A	10	Financial Reporting Method:
	and the second 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
			specific program guidelines to be disseminated by
6	Period of Award:	eal	KDE Program Contacts.
	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t	
	9/19/60		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Woodford County	34 SSS	State
	Street Address 330 Pisgah Pk City, State Zip Versailles, KY 40383	1201	Federal
	City, State Zip Versailles, KY 40383		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 Ca	are	Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MI		
	Master Agreement Number N/A	10	Financial Reporting Method:
	5		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	1110 11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	nwea	KDE Program Contacts.
	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	1	Date: June 10, 2021
	Division of Budgets & Financial Ma		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Total	111	State State
	Street Address	4_	Federal
	Street Address City, State Zip , KY		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 14MI		
	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:	ca.	KDE Program Contacts.
40	July 1, 2021-June 30, 2022		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 10, 2021
	Division of Budgets & Financial Managemen	t 🗸	