1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Anderson County		⊠State
	Street Address:	1160 Bypass North		□Federal
	City, State, Zip:	Lawerenceburg, KY 40342		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		☐ Expenditure Reimbursement
	Budget Contact:	Shelby Power		
	Street Address:	300 Sower Blvd		□Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children.		Encocipt of invoice noin ventor
3.	Description/Fun Source of Award		9.	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant	•	Monthly
	Fund Source:	General Fund		Quarterly
	MUNIS Project Number:	10LF		☑ Other: 1 st and 3 rd quarters
	MOA Number:	19*3711		2 Other. 1 and 3 quarters
_		W00 4 F0 700	10	Financial Reporting Method:
4.	Grant Authority (Source):	KRS 158.792	10.	Electronic Submission: CDIP
_		¢40,400,00		Other:
5.	Award Amount:	\$48,400.00		Doner.
6	Period of Award:		11.	Evaluations:
6.	July 1 st 2019 – June 30 th , 2020			[Enter data here]
	July 1. 2019 – Julie 30. , 2020	0		[Enter data here]
				111
1.	Special Instructions/Conditions: 1	st quarter payment is held until district assurance states	ment	s are completed correctly and submitted to KDE. 3rd quarter payment should
		ar survey and Infinite Campus Intervention.	mem	s are completed correctly and submitted to RDE. 5 quarter payment should
	or more union compression or man ye	and survey and minimal camp as more vention.		
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
	, , , ,	Program Standards		
			6	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Ashland Ind.		⊠State
	Street Address:	1820 Hickman St. P.O. Box 3000		□Federal
	City, State, Zip:	Ashland, KY 41105-3000		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		□ Expenditure Reimbursement
	Budget Contact:	Shelby Power		Automatic Payment
	Street Address:	300 Sower Blvd		Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children		Receipt of invoice from vendor
3.	Description/Fun Source of Award	and Fiscal Year:	0	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant	9.	
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	10LF		Quarterly
	MOA Number:	19*3729		☑ Other: 1 st and 3 rd quarters
4.	Grant Authority (Source):	KRS 158. <mark>792</mark>	10.	Financial Reporting Method:
				☑ Electronic Submission: CDIP
5.	Award Amount:	\$48,400.00		□Other:
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
		0111		
		Our		
		Commony	VE	alth. Aller V
1.			ment	s are completed correctly and submitted to KDE. 3 rd quarter payment should
	be held until completion of mid-ye	ear survey and Infinite Campus Intervention.		
	Authorized Du (Plesse - /Title)	Krista Hall Diverton of		Pater May 7 2010
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
		Program Standards	7	
		36,00		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Barren County		⊠State
	Street Address:	202 W. Wshington St		□Federal
	City, State, Zip:	Glasgow, KY 42141		□Other:
		Coo		
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		☐ Expenditure Reimbursement
	Budget Contact:	Shelby Power		
	Street Address:	300 Sower Blvd		□Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children		Theceipt of invoice from vendor
3.	Description/Fun Source of Award	and Fiscal Year:	9.	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant	9.	Monthly
	Fund Source:	General Fund		
	MUNIS Project Number:	10LF		Quarterly
	MOA Number:	19*3731		☑Other: 1 st and 3 rd quarters
			4.0	er i le ur saul l
4.	Grant Authority (Source):	KRS 158. <mark>792</mark>	10.	Financial Reporting Method:
				⊠ Electronic Submission: CDIP
5.	Award Amount:	\$48,400.00		□Other:
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
		()111°		
		Our		
		Commony	76	olth American
1.			ment	s are completed correctly and submitted to KDE. 3rd quarter payment should
	be held until completion of mid-ye	ar survey and Infinite Campus Intervention.		
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
		Program Standards	JA	
		Serve.		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Bullitt County		⊠State
	Street Address:	1040 Hwy 44 E		□Federal
	City, State, Zip:	Shepherdsville, KY 40165		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		□ Federal Cash Request
	Street Address:	300 Sower Blvd.		□ Expenditure Reimbursement
	Budget Contact:	Shelby Power		■ Automatic Payment
	Street Address:	300 Sower Blvd		□Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children		Execupt of invoice from vehicor
3.	Description/Fun Source of Award	and Fiscal Year:	9.	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant	9.	Monthly
	Fund Source:	General Fund		
	MUNIS Project Number:	10LF		Quarterly
	MOA Number:	19*3732		☑Other: 1 st and 3 rd quarters
			4.0	er i le ur saul l
4.	Grant Authority (Source):	KRS 158. <mark>792</mark>	10.	Financial Reporting Method:
				⊠ Electronic Submission: CDIP
5.	Award Amount:	\$145,200.00		□Othe <mark>r:</mark>
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
		()111°		
		our our		
_		. Commony	VE	alth. A
1.			ment	s are completed correctly and submitted to KDE. 3 rd quarter payment should
	be neid until completion of mid-ye	ear survey and Infinite Campus Intervention.		
1	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
1.	Authorized by (Name, Title).	Program Standards		Date. 1914y 7, 2015
		riogram standards	2 :	4(0)

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Calloway County		⊠State
	Street Address:	2110 College Farm Rd P.O. Box 800		□Federal
	City, State, Zip:	Murray, KY 42071		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		□ Expenditure Reimbursement
	Budget Contact:	Shelby Power		Automatic Payment
	Street Address:	300 Sower Blvd		Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children		Execupt of invoice from vehicor
3.	Description/Fun Source of Award	and Fiscal Year:	0	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant	9.	
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	10LF		Quarterly
	MOA Number:	19*3740		☑ Other: 1 st and 3 rd quarters
4.	Grant Authority (Source):	KRS 158.792	10.	Financial Reporting Method:
				☑ Elect <mark>ronic Submission: CDIP</mark>
5.	Award Amount:	\$48,400.00		□Other:
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
		0111		
		Our		
		Commony	76	olth American
1.			ment	s are completed correctly and submitted to KDE. 3rd quarter payment should
	be held until completion of mid-ye	ar survey and Infinite Campus Intervention.		
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
		Program Standards	1	
		34166		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Campbell County		⊠State
	Street Address:	101 Orchard Ln		□Federal
	City, State, Zip:	Akexandria, KY 41001		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		□ Expenditure Reimbursement
	Budget Contact:	Shelby Power		■ Automatic Payment
	Street Address:	300 Sower Blvd		□Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children		Execupt of invoice from vehicle
3.	Description/Fun Source of Award	and Fiscal Year:	9.	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant	Э.	Monthly
	Fund Source:	General Fund		
	MUNIS Project Number:	10LF		Quarterly
	MOA Number:	19*3776		☑ Other: 1 st and 3 rd quarters
			4.0	El 110 di sa il 1
4.	Grant Authority (Source):	KRS 158. <mark>792</mark>	10.	Financial Reporting Method:
				⊠ Electronic Submission: CDIP
5.	Award Amount:	\$48,400.00		□Other:
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
		()1110		
		Our		
		Commony	VE	ealth. Ann and an an an
1.			ment	s are completed correctly and submitted to KDE. 3 rd quarter payment should
	be held until completion of mid-ye	ear survey and Infinite Campus Intervention.		
	Authorized Du (News - /Title)	Krista Hall Diverton of		Pater May 7 2010
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
		Program Standards	1	
		36,00		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Carter County		⊠State
	Street Address:	228 S. Carol Malone Blvd.		□Federal
	City, State, Zip:	Grayson, KY 41143		□Other:
		() 3 (
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		☐ Expenditure Reimbursement
	Budget Contact:	Shelby Power		■ Automatic Payment
	Street Address:	300 Sower Blvd		□Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children		The ceipt of invoice from vehicor
3.	Description/Fun Source of Award	and Fiscal Year:	9.	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant	9.	Monthly
	Fund Source:	General Fund		
	MUNIS Project Number:	10LF		Quarterly
	MOA Number:	19*3741		☑ Other: 1 st and 3 rd quarters
			40	El 110 di sa il 1
4.	Grant Authority (Source):	KRS 158. <mark>792</mark>	10.	Financial Reporting Method:
				⊠ Electronic Submission: CDIP
5.	Award Amount:	\$48,400.00		□Other:
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
		()111°		
		Our Our		
		. Commony	VE	ealth. Ann and an an an
1.			ment	s are completed correctly and submitted to KDE. 3 rd quarter payment should
	be held until completion of mid-ye	ar survey and Infinite Campus Intervention.		
4	Authorized Du (Nove - /Title)	Veicto Hall Director of		Potes May 7 2010
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
		Program Standards	1	
		GICE		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Clark County		⊠State
	Street Address:	1600 W. Lexington Ave		□Federal
	City, State, Zip:	Winchester, KY 40391		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		☐ Expenditure Reimbursement
	Budget Contact:	Shelby Power		
	Street Address:	300 Sower Blvd		Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children.		Zheecipe of invenee in our veneer
3.	Description/Fun Source of Award		9.	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant		Monthly
	Fund Source:	General Fund		Quarterly
	MUNIS Project Number	10LF		☑ Other: 1 st and 3 rd quarters
	MOA Number:	19*3784		Zottier. 1 dild 5 quarters
		V05.450.702	10	Financial Reporting Method:
4.	Grant Authority (Source):	KRS 158. <mark>792</mark>		⊠ Electronic Submission: CDIP
-	Award Amount:	\$96,800.00		Other:
5.	Award Amount.	390,800.00		
6.	Period of Award:		11.	Evaluations:
0.	July 1 st 2019 – June 30 th , 2020			[Enter data here]
	July 1 2019 – Julie 30 , 2020			[and and here]
		Our		
		Commence		-141
1.	Special Instructions/Conditions: 1	st quarter payment is held until district assurance state	ment	s are completed correctly and submitted to KDE. 3rd quarter payment should
		ar survey and Infinite Campus Intervention.		· · · · · · · · · · · · · · · · · · ·
	1			
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
		Program Standards		
		111100		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Clinton County		⊠State
	Street Address:	2353 Business, 127 North		□Federal
	City, State, Zip:	Albany, KY 42602		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		□ Expenditure Reimbursement
	Budget Contact:	Shelby Power		Automatic Payment
	Street Address:	300 Sower Blvd		Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children		Execupt of invoice from vehicor
3.	Description/Fun Source of Award	and Fiscal Year:	0	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant	9.	
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	10LF		Quarterly
	MOA Number:	19*3742		☑ Other: 1 st and 3 rd quarters
4.	Grant Authority (Source):	KRS 158.792	10.	Financial Reporting Method:
				☑ Elect <mark>ronic Submission: CDIP</mark>
5.	Award Amount:	\$48,400.00		□Other:
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
		()1110		
		Our		
		Commony	76	alth Aller
1.			ment	s are completed correctly and submitted to KDE. 3rd quarter payment should
	be held until completion of mid-ye	ear survey and Infinite Campus Intervention.		
_	A .I I D ./A /T':: \	W. M. H. St		2
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
		Program Standards	1	
		36,06		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Covington Ind		⊠State
	Street Address:	25 E. Seventh St		□Federal
	City, State, Zip:	Covington, KY 41011		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		□ Expenditure Reimbursement
	Budget Contact:	Shelby Power		Automatic Payment
	Street Address:	300 Sower Blvd		□Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children		Execupt of invoice from vehicor
3.	Description/Fun Source of Award	and Fiscal Year:	9.	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant	9.	Monthly
	Fund Source:	General Fund		
	MUNIS Project Number:	10LF		Quarterly
	MOA Number:	19*3785		☑ Other: 1 st and 3 rd quarters
			40	El 110 di sa il 1
4.	Grant Authority (Source):	KRS 158. <mark>792</mark>	10.	Financial Reporting Method:
				⊠ Electronic Submission: CDIP
5.	Award Amount:	\$96,800.00		□Other:
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
		()111°		
		Our Our		
_		Commony	VE	ealth. A
1.			ment	is are completed correctly and submitted to KDE. 3 rd quarter payment should
	be neid until completion of mid-ye	ar survey and Infinite Campus Intervention.		
1	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
1.	Authorized by (Name/Title):			Date: Way 7, 2019
		Program Standards	2 :	4(0)

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Cumberland County		⊠State
	Street Address:	810 N. Main St		□Federal
	City, State, Zip:	Burkesville, KY 42717		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		□ Expenditure Reimbursement
	Budget Contact:	Shelby Power		■ Automatic Payment
	Street Address:	300 Sower Blvd		□Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children		Receipt of filvoice from vehicor
3.	Description/Fun Source of Award	and Fiscal Year:	9.	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant	9.	Monthly
	Fund Source:	General Fund		
	MUNIS Project Number:	10LF		Quarterly
	MOA Number:	19*3743		☑ Other: 1 st and 3 rd quarters
			40	El 110 di sa il 1
4.	Grant Authority (Source):	KRS 158. <mark>792</mark>	10.	Financial Reporting Method:
				⊠ Electronic Submission: CDIP
5.	Award Amount:	\$48,400.00		□Other:
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
		()111°		
		our our		
_		. Commony	VE	ealth. A
1.			ment	is are completed correctly and submitted to KDE. 3 rd quarter payment should
	be neid until completion of mid-ye	ear survey and Infinite Campus Intervention.		
1	Authorized By (Name /Title):	Krista Hall, Director of		Date: May 7, 2019
1.	Authorized By (Name/Title):			Date: May 7, 2019
		Program Standards	2 :	4(0)

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Danville Ind		⊠State
	Street Address:	152 E. Martin Luther King Blvd.		□Federal
	City, State, Zip:	Danville, KY 40422		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		☐ Expenditure Reimbursement
	Budget Contact:	Shelby Power		
	Street Address:	300 Sower Blvd		□Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Se Children.		
3.	Description/Fun Source of Award		9.	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant		Monthly
	Fund Source:	General Fund		Quarterly
	MUNIS Project Number:	10LF		☑Other: 1 st and 3 rd quarters
	MOA Number:	19*3745		
4	Grant Authority (Source):	KDC 150 702	10.	Financial Reporting Method:
4.	Grant Authority (Source).	KRS 158.792		☑ Electronic Submission: CDIP
5.	Award Amount:	\$48,400.00		□Other:
Э.	Award Amount.	746,400.00		
6.	Period of Award:		11.	Evaluations:
0.	July 1 st 2019 – June 30 th , 2020			[Enter data here]
	3diy 1 2013 3dile 30 , 2020			
		Our		
		Common	-	-1+1-
1.	Special Instructions/Conditions: 1	st quarter payment is held until district assurance stater	nent	s are completed correctly and submitted to KDE. 3 rd quarter payment should
	be held until completion of mid-ye	ar survey and Infinite Campus Intervention.		
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
		Program Standards	71	
		MITTAG		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Daviess County		⊠State
	Street Address:	1622 Southeastern Pkwy., P.O. Box		□Federal
	21510			□Other:
	City, State, Zip:	Owensboro, KY 42304		
		(6)30		
			8.	Method of Payment
2.	KDE Contact Information			☐ Federal Cash Request
	Program Consultant:	Erin Chavez		□ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	Budget Contact:	Shelby Power		
	Street Address:	300 Sower Blvd		Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
	"	Cilliui Cii,		
3.	Description/Fun Source of Award	and Fiscal Year:	9.	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant		Monthly
	Fund Source:	General Fund		Quarterly
	MUNIS Project Number:	10LF		☑ Other: 1 st and 3 rd quarters
	MOA Number:	19*3746		
			10.	Financial Reporting Method:
4.	Grant Authority (Source):	KRS 158. <mark>792</mark>		☑ Electronic Submission: CDIP
	, (000.00	7		□Other:
5.	Award Amount:	\$48,400.00		
•		φ (6) (188188	11.	Evaluations:
6.	Period of Award:			[Enter data here]
٠.	July 1 st 2019 – June 30 th , 2020			
	3diy 1 2013 3diic 30 , 2020	Our		
		Соттопи	76	ealth /
1.	Special Instructions/Conditions: 1			s are completed correctly and submitted to KDE. 3rd quarter payment should
		ar survey and Infinite Campus Intervention.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				J. Company of the com
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
	, ,,,	Program Standards	E T	
			101	

1.	Name and Address of Recipient		7.	Fund Type:	
	Agency Name:	Elliott County		⊠State	
	Street Address:	Main St, Courthouse Square, P.O. Box		□Federal	
	767			□ Other:	
	City, State, Zip:	Sandy Hook, KY 41171			
		(0)			
			8.	Method of Payment	
2.	KDE Contact Information			☐ Federal Cash Request	
	Program Consultant:	Erin Chavez		☐ Expenditure Reimbursement	
	Street Address:	300 Sower Blvd.		■ Automatic Payment	
	Budget Contact:	Shelby Power		□Lump Sum	
	Street Address:	300 Sower Blvd		Receipt of Invoice from Vendor	
	City, State Zip:	Frankfort, KY 40601		Execupt of invoice from vehicle	
		Cilliai Cit,	9.	Reimbursement Frequency:	
3.	Description/Fun Source of Award	and Fiscal Year:	Э.	Monthly	
	Description:	FY20 Math Achievement Grant			
	Fund Source:	General Fund		Quarterly	
	MUNIS Project Number:	10LF		☑ Other: 1 st and 3 rd quarters	
	MOA Number:	19*3786	10	Financial Departing Marks de	
			10.	Financial Reporting Method:	
4.	Grant Authority (Source):	KRS 158. <mark>792</mark>		⊠ Electronic Submission: CDIP	
				□Other:	
5.	Award Amount:	\$96,800.00			
			11.	Evaluations:	
6.	Period of Award:			[Enter data here]	
	July 1 st 2019 – June 30 th , 2020	Our			
		Out			
	Commonwealth				
1.	Special Instructions/Conditions: 1	st quarter payment is held until district assurance states	ment	s are completed correctly and submitted to KDE. 3rd quarter payment should	
	be held until completion of mid-ye	ear survey and Infinite Campus Intervention.			
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019	
		Program Standards			
			100		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Estill County		⊠State
	Street Address:	253 Main St, P.O. Box 930		□Federal
	City, State, Zip:	Irvine, KY 40336		□Other:
		(2)30		
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		□ Federal Cash Request
	Street Address:	300 Sower Blvd.		□ Expenditure Reimbursement
	Budget Contact:	Shelby Power		■ Automatic Payment
	Street Address:	300 Sower Blvd		Lump Sum
	City, State Zip:	Frankfort, KY 40601		
		Children		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:	_	B. in Landson and Francisco
	Description:	FY20 Math Achievement Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	10LF		Quarterly
	MOA Number:	19*3747		☑Other: 1 st and 3 rd quarters
4.	Grant Authority (Source):	KRS 158.792	10.	Financial Reporting Method:
				☑ Electronic Submission: CDIP
5.	Award Amount:	\$48,400.00		□Other:
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
		01110		
		Our		
		Commonu	70	21+1
1.			ment	s are completed correctly and submitted to KDE. 3 rd quarter payment should
	be held until completion of mid-ye	ar survey and Infinite Campus Intervention.		
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
		Program Standards		
		WI III CO		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Fayette County		⊠State
	Street Address:	701 E. Main St		□Federal
	City, State, Zip:	Lexington, KY 40505		□Other:
				A CA
2.	KDE Contact Information		0	Mathad of Powerst
۲.	Program Consultant:	Erin Chavez	8.	Method of Payment
	Street Address:	300 Sower Blvd.		Federal Cash Request
	Budget Contact:	Shelby Power		Expenditure Reimbursement
	Street Address:	300 Sower Blvd		Automatic Payment
	City, State Zip:	Frankfort, KY 40601		Lump Sum
	city, State Zip.	Trankfort, KT 40001		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		
٥.	Description:	FY20 Math Achievement Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	10LF		Quarterly
	MOA Number:	19*3794		☑ Other: 1 st and 3 rd quarters
4.	Grant Authority (Source):	KRS 158.792	10.	Financial Reporting Method:
				☑ Electronic Submission: CDIP
5.	Award Amount:	\$290,400.00		□Other:
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
		0111		
		Our		
		Commony	76	alth Aller
1.			ment	s are completed correctly and submitted to KDE. 3 rd quarter payment should
	be held until completion of mid-ye	ar survey and Infinite Campus Intervention.		
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
	, , , , , , , , , , , , , , , , , , , ,	Program Standards		
			4	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Franklin County		⊠State
	Street Address:	190 Kings Daughters Dr. #300		□Federal
	City, State, Zip:	Franfort, KY 40601		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		□ Federal Cash Request
	Street Address:	300 Sower Blvd.		□ Expenditure Reimbursement
	Budget Contact:	Shelby Power		■ Automatic Payment
	Street Address:	300 Sower Blvd		Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children		Theceipt of invoice from vehicor
3.	Description/Fun Source of Award	and Fiscal Year:	9.	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant	9.	Monthly
	Fund Source:	General Fund		
	MUNIS Project Number:	10LF		Quarterly
	MOA Number:	19*3748		☑Other: 1 st and 3 rd quarters
			4.0	er i le ur saul l
4.	Grant Authority (Source):	KRS 158. <mark>792</mark>	10.	Financial Reporting Method:
				⊠ Electronic Submission: CDIP
5.	Award Amount:	\$48,400.00		□Othe <mark>r:</mark>
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
		()111°		
		- Our		
_		. Commony	VE	alth. A
1.			ment	s are completed correctly and submitted to KDE. 3 rd quarter payment should
	be neid until completion of mid-ye	ear survey and Infinite Campus Intervention.		
1	Authorized By (Name /Title):	Krista Hall Director of		Date: May 7, 2019
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
		Program Standards	7 :	4(0)

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Gallatin County		⊠State
	Street Address:	75 Boardwalk		□Federal
	City, State, Zip:	Warsaw, KY 41095		□Other:
		Color		
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		☐ Expenditure Reimbursement
	Budget Contact:	Shelby Power		△ Automatic Payment
	Street Address:	300 Sower Blvd		□Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children		Theceipt of invoice from vehicor
3.	Description/Fun Source of Award	and Fiscal Year:	9.	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant	9.	Monthly
	Fund Source:	General Fund		Quarterly
	MUNIS Project Number:	10LF		
	MOA Number:	19*3750		☑ Other: 1 st and 3 rd quarters
			10	Financial Reporting Method:
4.	Grant Authority (Source):	KRS 158. <mark>792</mark>	10.	Electronic Submission: CDIP
5.	Award Amount:	\$48,400.00		□Other:
_			11	Evaluations:
6.	Period of Award:		11.	[Enter data here]
	July 1 st 2019 – June 30 th , 2020			[Effet data fiere]
		()111°		
1.	Special Instructions/Conditions, 1	St quarter payment is held until district assurance state	mont	s are completed correctly and submitted to KDE. 3rd quarter payment should
1.		ar survey and Infinite Campus Intervention.	пеш	s are completed correctly and submitted to KDE. 5 quarter payment should
	be nerd until completion of find-ye	ar survey and minime campus intervention.		
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
	, , , , , , , , , , , , , , , , , , , ,	Program Standards		
			Ki	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Grayson County		⊠State
	Street Address:	790 Shaw Station Rd., P.O. Box 4009		□Federal
	City, State, Zip:	Leitchfield, KY 42754		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		☐ Expenditure Reimbursement
	Budget Contact:	Shelby Power		
	Street Address:	300 Sower Blvd		Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children.		The colpt of invoice from vehicle
3.	Description/Fun Source of Award		9.	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant	٥.	Monthly
	Fund Source:	General Fund		Quarterly
	MUNIS Project Number:	10LF		☑Other: 1 st and 3 rd quarters
	MOA Number:	19*3780		Other. 1 and 3 quarters
			10	Financial Reporting Method:
4.	Grant Authority (Source):	KRS 158. <mark>792</mark>	10.	☑ Electronic Submission: CDIP
_				Other:
5.	Award Amount:	\$145,200.00		Dottler.
_	David of Assessed		11	Evaluations:
6.	Period of Award:			[Enter data here]
	July 1 st 2019 – June 30 th , 2020			[Effect data field]
				111
1	Special Instructions/Conditions: 1	st quarter payment is held until district assurance states	ment	s are completed correctly and submitted to KDE. 3rd quarter payment should
		ar survey and Infinite Campus Intervention.	mem	s are completed correctly and submitted to RDE. 5 quarter payment should
	or mera and compression of mad ye	and some summer summer summer summer.		
				J. Company of the com
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
	,, , ,	Program Standards		
			ET	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Harlan County		⊠State
	Street Address:	251 Ball Park Rd.		□Federal
	City, State, Zip:	Harlan, KY 40831		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		□ Expenditure Reimbursement
	Budget Contact:	Shelby Power		Automatic Payment
	Street Address:	300 Sower Blvd		Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children		Receipt of invoice from vendor
3.	Description/Fun Source of Award	and Fiscal Year:	0	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant	9.	
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	10LF		Quarterly
	MOA Number:	19*3779		☑ Other: 1 st and 3 rd quarters
4.	Grant Authority (Source):	KRS 158.792	10.	Financial Reporting Method:
				☑ Elect <mark>ronic Submission: CDIP</mark>
5.	Award Amount:	\$145,200.00		□Other:
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
		0111		
		Out		
		Commony	76	olth American
1.			ment	s are completed correctly and submitted to KDE. 3rd quarter payment should
	be held until completion of mid-ye	ear survey and Infinite Campus Intervention.		
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
		Program Standards	1	
		7011100		
		3000		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Harrison County		⊠State
	Street Address:	308 Webster Ave		□Federal
	City, State, Zip:	Cynthiana, KY 41031		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		□ Expenditure Reimbursement
	Budget Contact:	Shelby Power		Automatic Payment
	Street Address:	300 Sower Blvd		□Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children		Execupt of invoice from vehicor
3.	Description/Fun Source of Award	and Fiscal Year:	9.	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant	9.	Monthly
	Fund Source:	General Fund		
	MUNIS Project Number:	10LF		Quarterly
	MOA Number:	19*3751		☑ Other: 1 st and 3 rd quarters
			40	El 110 di sa il 1
4.	Grant Authority (Source):	KRS 158. <mark>792</mark>	10.	Financial Reporting Method:
				⊠ Electronic Submission: CDIP
5.	Award Amount:	\$48,400.00		□Other:
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
		()111°		
		our our		
_		. Commony	VE	ealth. A
1.			ment	is are completed correctly and submitted to KDE. 3 rd quarter payment should
	be neid until completion of mid-ye	ear survey and Infinite Campus Intervention.		
1	Authorized By (Name /Title):	Krista Hall Director of		Date: May 7, 2019
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
		Program Standards	2 -	4(0)

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Hart County		⊠State
	Street Address:	25 Quality Street		□Federal
	City, State, Zip:	Munfordville, KY 42765		□Other:
				40
		(2)		
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		☐ Expenditure Reimbursement
	Budget Contact:	Shelby Power		■ Automatic Payment
	Street Address:	300 Sower Blvd		□Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children		The ceipt of invoice from vehicor
3.	Description/Fun Source of Award	and Fiscal Year:	9.	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant	9.	Monthly
	Fund Source:	General Fund		
	MUNIS Project Number:	10LF		Quarterly
	MOA Number:	19*3752		☑ Other: 1 st and 3 rd quarters
			4.0	El 110 di sa il 1
4.	Grant Authority (Source):	KRS 158. <mark>792</mark>	10.	Financial Reporting Method:
				⊠ Electronic Submission: CDIP
5.	Award Amount:	\$48,400.00		□Other:
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
		()1110		
		Our		
		Commony	76	alth American
1.			ment	s are completed correctly and submitted to KDE. 3rd quarter payment should
	be held until completion of mid-ye	ear survey and Infinite Campus Intervention.		
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
		Program Standards	JA	
		3416		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Jackson County		⊠State
	Street Address:	3331 Hwy 421 South		□Federal
	City, State, Zip:	McKee, KY 40447		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		□ Federal Cash Request
	Street Address:	300 Sower Blvd.		□ Expenditure Reimbursement
	Budget Contact:	Shelby Power		■ Automatic Payment
	Street Address:	300 Sower Blvd		□Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children		Execupt of invoice from vehicor
3.	Description/Fun Source of Award	and Fiscal Year:	9.	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant	9.	Monthly
	Fund Source:	General Fund		
	MUNIS Project Number:	10LF		Quarterly
	MOA Number:	19*3753		☑Other: 1 st and 3 rd quarters
			4.0	er i le ur saul l
4.	Grant Authority (Source):	KRS 158. <mark>792</mark>	10.	Financial Reporting Method:
				⊠ Electronic Submission: CDIP
5.	Award Amount:	\$48,400.00		□Other:
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
		()111°		
		our our		
		. Commony	VE	alth. A
1.			ment	s are completed correctly and submitted to KDE. 3 rd quarter payment should
	be neid until completion of mid-ye	ear survey and Infinite Campus Intervention.		
1	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
1.	Authorized by (Name/Title).			Date: May 7, 2019
		Program Standards	7 :	4(0)

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Jefferson County		⊠State
	Street Address:	3332 Newburg Rd P.O. Box 34020		□Federal
	City, State, Zip:	Lousiville, KY 40232		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		□ Expenditure Reimbursement
	Budget Contact:	Shelby Power		Automatic Payment
	Street Address:	300 Sower Blvd		Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children		Execupt of invoice from vehicor
3.	Description/Fun Source of Award	and Fiscal Year:	0	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant	9.	
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	10LF		Quarterly
	MOA Number:	19*3790		☑ Other: 1 st and 3 rd quarters
4.	Grant Authority (Source):	KRS 158.792	10.	Financial Reporting Method:
				☑ Elect <mark>ronic Submission: CDIP</mark>
5.	Award Amount:	\$193,600.00		□Other:
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
		0111		
		Our		
		Commony	76	olth American
1.			ment	s are completed correctly and submitted to KDE. 3rd quarter payment should
	be held until completion of mid-ye	ar survey and Infinite Campus Intervention.		
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
		Program Standards	1	
		MUITAG		
		3000		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Jessamine County		⊠State
	Street Address:	871 Wilmore Rd.		□Federal
	City, State, Zip:	Nicholasville, KY 40356		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		□ Expenditure Reimbursement
	Budget Contact:	Shelby Power		■ Automatic Payment
	Street Address:	300 Sower Blvd		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		Children		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		
	Description:	FY20 Math Achievement Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	10LF		Quarterly
	MOA Number:	19*3754		☑ Other: 1 st and 3 rd quarters
4.	Grant Authority (Source):	KRS 158.792	10.	Financial Reporting Method:
				☑ Electronic Submission: CDIP
5.	Award Amount:	\$48,400.00		□Other:
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
	,	Our		
		Our		
		Commons		-141
1.	Special Instructions/Conditions: 1	st quarter payment is held until district assurance state	ment	s are completed correctly and submitted to KDE. 3rd quarter payment should
		ar survey and Infinite Campus Intervention.		
	1			
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
	, , , ,	Program Standards		201
			E T	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Knox County		⊠State
	Street Address:	200 Daniel Boone Dr.		□Federal
	City, State, Zip:	Barbourville, KY 40906		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		□ Expenditure Reimbursement
	Budget Contact:	Shelby Power		Automatic Payment
	Street Address:	300 Sower Blvd		□Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children		Execupt of invoice from vehicor
3.	Description/Fun Source of Award	and Fiscal Year:	9.	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant	9.	Monthly
	Fund Source:	General Fund		
	MUNIS Project Number:	10LF		Quarterly
	MOA Number:	19*3756		☑ Other: 1 st and 3 rd quarters
			40	El 110 di sa il 1
4.	Grant Authority (Source):	KRS 158. <mark>792</mark>	10.	Financial Reporting Method:
				⊠ Electronic Submission: CDIP
5.	Award Amount:	\$48,400.00		□Other:
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
		()111°		
		Our Our		
		. Commony	VE	ealth. A
1.			ment	is are completed correctly and submitted to KDE. 3 rd quarter payment should
	be neid until completion of mid-ye	ar survey and Infinite Campus Intervention.		
1	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
1.	Authorized by (Name/Title).	Program Standards		Date: Way 7, 2019
		riogram stanuarus	2 :	407

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	LaRue County		⊠State
	Street Address:	208 College St.		□Federal
	City, State, Zip:	Hodgenville, KY 42748		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		□ Expenditure Reimbursement
	Budget Contact:	Shelby Power		Automatic Payment
	Street Address:	300 Sower Blvd		□Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children		Execupt of invoice from vehicor
3.	Description/Fun Source of Award	and Fiscal Year:	9.	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant	9.	Monthly
	Fund Source:	General Fund		
	MUNIS Project Number:	10LF		Quarterly
	MOA Number:	19*3787		☑ Other: 1 st and 3 rd quarters
			40	El 110 di sa il 1
4.	Grant Authority (Source):	KRS 158. <mark>792</mark>	10.	Financial Reporting Method:
				⊠ Electronic Submission: CDIP
5.	Award Amount:	\$96,800.00		□Other:
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
		()111°		
		- Our		
		. Commony	VE	ealth. A
1.			ment	is are completed correctly and submitted to KDE. 3 rd quarter payment should
	be neid until completion of mid-ye	ear survey and Infinite Campus Intervention.		
1	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
1.	Authorized by (Name/ Title):	Program Standards		Date. Ividy 1, 2013
		riugiaiii sidiludius	2 :	4(0)

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Lee County		⊠State
	Street Address:	242 Lee Ave P.O. 668		□Federal
	City, State, Zip:	Beattyville, KY 41311		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		□ Expenditure Reimbursement
	Budget Contact:	Shelby Power		△ Automatic Payment
	Street Address:	300 Sower Blvd		□Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children		Execupt of invoice from vehicle
3.	Description/Fun Source of Award	and Fiscal Year:	0	Beimburgen aut Française
	Description:	FY20 Math Achievement Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	10LF		Quarterly
	MOA Number:	19*3758		☑ Other: 1 st and 3 rd quarters
4.	Grant Authority (Source):	KRS 158. <mark>792</mark>	10.	Financial Reporting Method:
				☑ Elect <mark>ronic Submission: CDIP</mark>
5.	Award Amount:	\$48,400.00		□Other:
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
		0111		
		Our		
		Commony	70	olth Alle
1.			ment	s are completed correctly and submitted to KDE. 3 rd quarter payment should
	be held until completion of mid-ye	ar survey and Infinite Campus Intervention.		
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
		Program Standards	A	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Lewis County		⊠State
	Street Address:	65 Central Elementary, P.O. Box 159		□Federal
	City, State, Zip:	Vanceburg, KY 41179		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		□ Expenditure Reimbursement
	Budget Contact:	Shelby Power		Automatic Payment
	Street Address:	300 Sower Blvd		Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children		Execupt of invoice from vehicor
3.	Description/Fun Source of Award	and Fiscal Year:	9.	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant	9.	Monthly
	Fund Source:	General Fund		
	MUNIS Project Number:	10LF		Quarterly
	MOA Number:	19*3759		☑ Other: 1 st and 3 rd quarters
			40	El 110 di sa il 1
4.	Grant Authority (Source):	KRS 158. <mark>792</mark>	10.	Financial Reporting Method:
				⊠ Electronic Submission: CDIP
5.	Award Amount:	\$48,400.00		□Other:
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
		()111°		
		- Cui		
_		. Commony	VE	ealth. A
1.			ment	is are completed correctly and submitted to KDE. 3 rd quarter payment should
	be neid until completion of mid-ye	ar survey and Infinite Campus Intervention.		
1	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
1.	Authorized by (Name/ Title):	Program Standards		Date. Ividy 1, 2013
		riogram standards	2 :	407

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Lincoln County		⊠State
	Street Address:	305 Danville Ave P.O. 265		□Federal
	City, State, Zip:	Stanford, KY 40484		□Other:
		(2)30		
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		□ Expenditure Reimbursement
	Budget Contact:	Shelby Power		■ Automatic Payment
	Street Address:	300 Sower Blvd		Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children		Execupt of invoice from vehicor
3.	Description/Fun Source of Award	and Fiscal Year:	0	Poinshursoment Franciscus
	Description:	FY20 Math Achievement Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	10LF		Quarterly
	MOA Number:	19*3760		☑Other: 1 st and 3 rd quarters
4.	Grant Authority (Source):	KRS 158.792	10.	Financial Reporting Method:
				☑ Electronic Submission: CDIP
5.	Award Amount:	\$48,400.00		□Other:
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
		01110		
		Our		
		Commony	760	olth A
1.			ment	s are completed correctly and submitted to KDE. 3 rd quarter payment should
	be held until completion of mid-ye	ar survey and Infinite Campus Intervention.		
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
		Program Standards	71	
		THE CO.		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Livingston County		⊠State
	Street Address:	127 E. Adair St. P.O. Box 219		□Federal
	City, State, Zip:	Smithland, KY 42081		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		☐ Expenditure Reimbursement
	Budget Contact:	Shelby Power		
	Street Address:	300 Sower Blvd		□Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children.		Encocipe of invoice noin ventor
3.	Description/Fun Source of Award		9.	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant	•	Monthly
	Fund Source:	General Fund		Quarterly
	MUNIS Project Number:	10LF		☑ Other: 1 st and 3 rd quarters
	MOA Number:	19*3765		Mother. 1 and 3 quarters
_			10	Financial Reporting Method:
4.	Grant Authority (Source):	KRS 158. <mark>792</mark>	10.	Electronic Submission: CDIP
_		440,400,00		Other:
5.	Award Amount:	\$48,400.00		Dotter.
•	Period of Award:		11	Evaluations:
6.	July 1 st 2019 – June 30 th , 2020			[Enter data here]
	July 1** 2019 – Julie 30**, 2020	0		[Enter data here]
				111
1	Special Instructions/Conditions: 1	st quarter payment is held until district assurance states	ment	s are completed correctly and submitted to KDE. 3rd quarter payment should
		ar survey and Infinite Campus Intervention.	mem	s are completed correctly and submitted to RDE. 5 quarter payment should
	or mera and compression of mad ye	and succession and an analysis and a succession and a suc		
				J. Company of the com
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
	,, , ,	Program Standards		
			ET	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Logan County		⊠State
	Street Address:	2222 Bowling Green Rd. P.O. Box 417		□Federal
	City, State, Zip:	Russellville, KY 42276		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		□ Expenditure Reimbursement
	Budget Contact:	Shelby Power		Automatic Payment
	Street Address:	300 Sower Blvd		Lump Sum
	City, State Zip:	Frankfort, KY 40601		
		Children		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:	_	Brital and the second s
	Description:	FY20 Math Achievement Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	10LF		Quarterly
	MOA Number:	19*3791		☑ Other: 1 st and 3 rd quarters
4.	Grant Authority (Source):	KRS 158.792	10.	Financial Reporting Method:
				☑ Elect <mark>ronic Submission: CDIP</mark>
5.	Award Amount:	\$193,600.00		□Other:
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
		01110		
		Out		
		Commonu	76	olth American
1.			ment	s are completed correctly and submitted to KDE. 3rd quarter payment should
	be held until completion of mid-ye	ar survey and Infinite Campus Intervention.		
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
		Program Standards	1	
		7011100		
		300		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Ludlow Ind		⊠State
	Street Address:	525 Elm St		□Federal
	City, State, Zip:	Ludlow, KY 41016		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		□ Expenditure Reimbursement
	Budget Contact:	Shelby Power		Automatic Payment
	Street Address:	300 Sower Blvd		Lump Sum
	City, State Zip:	Frankfort, KY 40601		
		Children		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:	0	Deisely weeks and Francisco
	Description:	FY20 Math Achievement Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	10LF		Quarterly
	MOA Number:	19*3766		☑ Other: 1 st and 3 rd quarters
4.	Grant Authority (Source):	KRS 158.792	10.	Financial Reporting Method:
				☑ Elect <mark>ronic Submission: CDIP</mark>
5.	Award Amount:	\$48,400.00		□Other:
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
		01110		
		Our		
	No.	Commony	76	olth American
1.			ment	s are completed correctly and submitted to KDE. 3rd quarter payment should
	be held until completion of mid-ye	ear survey and Infinite Campus Intervention.		
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
		Program Standards	JA	
		3000		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Madison County		⊠State
	Street Address:	301 Highland Park Dr. P.O. Box 768		□Federal
	City, State, Zip:	Richmond, KY 40475		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		☐ Expenditure Reimbursement
	Budget Contact:	Shelby Power		
	Street Address:	300 Sower Blvd		Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children.		The celpt of invoice from vehicor
3.	Description/Fun Source of Award		9.	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant	٥.	Monthly
	Fund Source:	General Fund		Quarterly
	MUNIS Project Number:	10LF		
	MOA Number:	19*3796		☑Other: 1 st and 3 rd quarters
			10	Financial Reporting Method:
4.	Grant Authority (Source):	KRS 158. <mark>792</mark>	10.	Electronic Submission: CDIP
_				Other:
5.	Award Amount:	\$484,000.00		Dottler.
_			11	Evaluations:
6.	Period of Award:		11.	[Enter data here]
	July 1 st 2019 – June 30 th , 2020			[Effect data field]
		Ullr U		
				111
1.	Special Instructions/Conditions: 1	st quarter payment is held until district assurance states	ment	s are completed correctly and submitted to KDE. 3rd quarter payment should
		ar survey and Infinite Campus Intervention.	mome	s are completed correctly and submitted to 1852. 5 quarter payment should
		T		
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
	,, , ,	Program Standards		
		9011100	ET	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Marshall County		⊠State
	Street Address:	86 High School Rd.		□Federal
	City, State, Zip:	Benton, KY 42025		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		□ Expenditure Reimbursement
	Budget Contact:	Shelby Power		Automatic Payment
	Street Address:	300 Sower Blvd		Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children		Execupt of invoice from vehicor
3.	Description/Fun Source of Award	and Fiscal Year:	0	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant	9.	
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	10LF		Quarterly
	MOA Number:	19*3781		☑ Other: 1 st and 3 rd quarters
4.	Grant Authority (Source):	KRS 158.792	10.	Financial Reporting Method:
				☑ Elect <mark>ronic Submission: CDIP</mark>
5.	Award Amount:	\$145,200.00		□Other:
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
		0111		
		Our		
		Commony	70	olth American
1.			ment	s are completed correctly and submitted to KDE. 3rd quarter payment should
	be held until completion of mid-ye	ear survey and Infinite Campus Intervention.		
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
		Program Standards	JU	
		3416		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Martin County		⊠State
	Street Address:	104 East Main St.		□Federal
	City, State, Zip:	Inez, KY 41224		□Other:
		(0)		
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		☐ Expenditure Reimbursement
	Budget Contact:	Shelby Power		△ Automatic Payment
	Street Address:	300 Sower Blvd		□Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children		Theceipt of invoice from vehicor
3.	Description/Fun Source of Award	and Fiscal Year:	9.	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant	9.	Monthly
	Fund Source:	General Fund		Quarterly
	MUNIS Project Number:	10LF		
	MOA Number:	19*3788		☑ Other: 1 st and 3 rd quarters
			10	Financial Reporting Method:
4.	Grant Authority (Source):	KRS 158. <mark>792</mark>	10.	Electronic Submission: CDIP
5.	Award Amount:	\$96,800.00		□Other:
_			11	Evaluations:
6.	Period of Award:		11.	[Enter data here]
	July 1 st 2019 – June 30 th , 2020			[Effet data fiere]
		()111°		
1.	Special Instructions/Conditions, 1	st quarter payment is held until district assurance state	mont	s are completed correctly and submitted to KDE. 3rd quarter payment should
1.		ar survey and Infinite Campus Intervention.	шеш	s are completed correctly and submitted to RDE. 5 quarter payment should
	be need until completion of find ye	ar survey and minime campus mervention.		
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Program Standards		
			Ki	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Nelson County		⊠State
	Street Address:	288 Wildcat Lane		□Federal
	City, State, Zip:	Bardstown, KY 40004		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		□ Expenditure Reimbursement
	Budget Contact:	Shelby Power		■ Automatic Payment
	Street Address:	300 Sower Blvd		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		Children		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		
	Description:	FY20 Math Achievement Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	10LF		Quarterly
	MOA Number:	19*3767		☑ Other: 1 st and 3 rd quarters
4.	Grant Authority (Source):	KRS 158.792	10.	Financial Reporting Method:
				☑ Electronic Submission: CDIP
5.	Award Amount:	\$48,400.00		□Other:
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
		- Our		
		Our		
		Common		01+1
1.	Special Instructions/Conditions: 1	st quarter payment is held until district assurance state	ment	s are completed correctly and submitted to KDE. 3rd quarter payment should
		ar survey and Infinite Campus Intervention.		
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
		Program Standards		
		Program Standards	4	10

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Newport Ind		⊠State
	Street Address:	30 W. Eighth St.		□Federal
	City, State, Zip:	Newport, KY 41071		□Other:
		() 3 (
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		☐ Expenditure Reimbursement
	Budget Contact:	Shelby Power		
	Street Address:	300 Sower Blvd		□Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children		Execupt of invoice from vehicor
3.	Description/Fun Source of Award	and Fiscal Year:	9.	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant	Э.	Monthly
	Fund Source:	General Fund		
	MUNIS Project Number:	10LF		Quarterly
	MOA Number:	19*3789		☑Other: 1 st and 3 rd quarters
			4.0	
4.	Grant Authority (Source):	KRS 158. <mark>792</mark>	10.	Financial Reporting Method:
				⊠ Electronic Submission: CDIP
5.	Award Amount:	\$96,800.00		□Othe <mark>r:</mark>
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
		01110		
		Our		
		Commony	760	21th /
1.			ment	s are completed correctly and submitted to KDE. 3rd quarter payment should
	be held until completion of mid-ye	ar survey and Infinite Campus Intervention.		
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
		Program Standards	JA	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Oldham County		⊠State
	Street Address:	6165 W. Highway 146		□Federal
	City, State, Zip:	Crestwood, KY 40014		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		□ Expenditure Reimbursement
	Budget Contact:	Shelby Power		Automatic Payment
	Street Address:	300 Sower Blvd		Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children		Execupt of invoice from vehicor
3.	Description/Fun Source of Award	and Fiscal Year:	0	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant	9.	
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	10LF		Quarterly
	MOA Number:	19*3768		☑ Other: 1 st and 3 rd quarters
			4.0	
4.	Grant Authority (Source):	KRS 158. <mark>792</mark>	10.	Financial Reporting Method:
				☑ Electronic Submission: CDIP
5.	Award Amount:	\$48,400.00		□Other:
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
		0111		
		Our		
		Commony	VE	alth. Aller V
1.			ment	s are completed correctly and submitted to KDE. 3 rd quarter payment should
	be held until completion of mid-ye	ear survey and Infinite Campus Intervention.		
	Authorized Du /Plesse /Title	Krista Hall Diverton of		Pater May 7 2010
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
		Program Standards	1	
		36,00		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Owensboro Ind		⊠State
	Street Address:	450 Griffith Ave.		□Federal
	City, State, Zip:	Owensboro, KY 42301		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		□ Expenditure Reimbursement
	Budget Contact:	Shelby Power		Automatic Payment
	Street Address:	300 Sower Blvd		Lump Sum
	City, State Zip:	Frankfort, KY 40601		
		Children		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:	0	Deisely weeks and Francisco
	Description:	FY20 Math Achievement Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	10LF		Quarterly
	MOA Number:	19*3792		☑ Other: 1 st and 3 rd quarters
4.	Grant Authority (Source):	KRS 158.792	10.	Financial Reporting Method:
				☑ Elect <mark>ronic Submission: CDIP</mark>
5.	Award Amount:	\$193,600.00		□Other:
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
		01110		
		Our		
	No.	Commony	76	olth American
1.			ment	s are completed correctly and submitted to KDE. 3rd quarter payment should
	be held until completion of mid-ye	ear survey and Infinite Campus Intervention.		
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
		Program Standards	JA	
		3000		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Paris Ind		⊠State
	Street Address:	310 W. 7th St.		□Federal
	City, State, Zip:	Paris, KY 40361		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		□ Expenditure Reimbursement
	Budget Contact:	Shelby Power		Automatic Payment
	Street Address:	300 Sower Blvd		Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children		Execupt of invoice from vehicor
3.	Description/Fun Source of Award	and Fiscal Year:	0	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant	9.	
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	10LF		Quarterly
	MOA Number:	19*3770		☑ Other: 1 st and 3 rd quarters
4.	Grant Authority (Source):	KRS 158.792	10.	Financial Reporting Method:
				☑ Elect <mark>ronic Submission: CDIP</mark>
5.	Award Amount:	\$48,400.00		□Other:
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
		0111		
		Our		
		Commony	76	olth American
1.			ment	s are completed correctly and submitted to KDE. 3rd quarter payment should
	be held until completion of mid-ye	ear survey and Infinite Campus Intervention.		
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
		Program Standards	JA	
		3416		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Pike County		⊠State
	Street Address:	316 S. Mayo Tr.		□Federal
	City, State, Zip:	Pikeville, KY 41501-1522		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		☐ Expenditure Reimbursement
	Budget Contact:	Shelby Power		△ Automatic Payment
	Street Address:	300 Sower Blvd		□Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children		Execupt of invoice from vehicle
3.	Description/Fun Source of Award	and Fiscal Year:	9.	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant	Э.	
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	10LF		Quarterly
	MOA Number:	19*3771		☑ Other: 1 st and 3 rd quarters
			4.0	ET LIB II AA II I
4.	Grant Authority (Source):	KRS 158. <mark>792</mark>	10.	Financial Reporting Method:
				⊠ Electronic Submission: CDIP
5.	Award Amount:	\$48,400.00		□Other:
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
		()1110		
		- Our		
		. Commony	VE	alth. A
1.			ment	s are completed correctly and submitted to KDE. 3 rd quarter payment should
	be held until completion of mid-ye	ar survey and Infinite Campus Intervention.		
4	Authorized By (Nome /Title).	Krista Hall, Director of		Date: May 7, 2019
1.	Authorized By (Name/Title):			Date: May 7, 2019
		Program Standards	7:	A(0)

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Pulaski County		⊠State
	Street Address:	501 East University Dr. P.O. Box 1055		□Federal
	City, State, Zip:	Somerset, KY 42502		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		☐ Expenditure Reimbursement
	Budget Contact:	Shelby Power		
	Street Address:	300 Sower Blvd		□Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children.		Encecipt of invoice from vehicle
3.	Description/Fun Source of Award		9.	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant	٦.	Monthly
	Fund Source:	General Fund		Quarterly
	MUNIS Project Number:	10LF		·
	MOA Number:	19*3793		☑ Other: 1 st and 3 rd quarters
			40	F1 1 1 2 11 14 14 1
4.	Grant Authority (Source):	KRS 158. <mark>792</mark>	10.	Financial Reporting Method:
				☑ Electronic Submission: CDIP
5.	Award Amount:	\$193,600.00		□Other:
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
		0111		
		Oui		
		Commonu	7.0	alth A
1.			ment	ts are completed correctly and submitted to KDE. 3rd quarter payment should
	be held until completion of mid-ye	ar survey and Infinite Campus Intervention.		
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
		Program Standards	J/L	
		A I I I I I I I I I I I I I I I I I I I		
		3000		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Scott County		⊠State
	Street Address:	2168 Frankfort Pk., P.O. Box 578	P	□Federal
	City, State, Zip:	Georgetown, KY 40324		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		☐ Expenditure Reimbursement
	Budget Contact:	Shelby Power		
	Street Address:	300 Sower Blvd		□Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
	_	Children.		
3.	Description/Fun Source of Award		9.	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant		Monthly
	Fund Source:	General Fund		Quarterly
	MUNIS Project Number:	10LF		☑Other: 1 st and 3 rd quarters
	MOA Number:	19*3783		Estilent and s quarters
	Cuant Authority (Saura)	KDC 150 702	10.	Financial Reporting Method:
4.	Grant Authority (Source):	KRS 158.792		⊠ Electronic Submission: CDIP
5.	Award Amount:	\$145,200.00		Other:
Э.	Award Amount.	3143,200.00		
6.	Period of Award:		11.	Evaluations:
0.	July 1 st 2019 – June 30 th , 2020			[Enter data here]
	July 1 2015 Julie 30 , 2020			
		Our		
		Commence		-144
1.	Special Instructions/Conditions: 1	st quarter payment is held until district assurance states	nent	s are completed correctly and submitted to KDE. 3 rd quarter payment should
		ar survey and Infinite Campus Intervention.		· · · · · · · · · · · · · · · · · · ·
	1	1		
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
		Program Standards		
		7/11/00		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Simpson County		⊠State
	Street Address:	430 S. College St.		□Federal
	City, State, Zip:	Franklin, KY 42134		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		□ Expenditure Reimbursement
	Budget Contact:	Shelby Power		Automatic Payment
	Street Address:	300 Sower Blvd		□Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children		Execupt of invoice from vehicor
3.	Description/Fun Source of Award	and Fiscal Year:	9.	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant	9.	Monthly
	Fund Source:	General Fund		
	MUNIS Project Number:	10LF		Quarterly
	MOA Number:	19*3772		☑ Other: 1 st and 3 rd quarters
			4.0	El 110 di sa il 1
4.	Grant Authority (Source):	KRS 158. <mark>792</mark>	10.	Financial Reporting Method:
				⊠ Electronic Submission: CDIP
5.	Award Amount:	\$48,400.00		□Other:
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
		()1110		
		Our		
		Commony	VE	alth. Aller V
1.			ment	s are completed correctly and submitted to KDE. 3 rd quarter payment should
	be held until completion of mid-ye	ear survey and Infinite Campus Intervention.		
4	Authorized Du (Nove - /Title)	Krista Hall Director of		Potes May 7 2010
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
		Program Standards	1	
		GIUG		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Todd County		⊠State
	Street Address:	205 Airport Rd.		□Federal
	City, State, Zip:	Elkton, KY 42220		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		□ Expenditure Reimbursement
	Budget Contact:	Shelby Power		Automatic Payment
	Street Address:	300 Sower Blvd		Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children		Execupt of invoice from vehicor
3.	Description/Fun Source of Award	and Fiscal Year:	0	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant	9.	
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	10LF		Quarterly
	MOA Number:	19*3773		☑ Other: 1 st and 3 rd quarters
4.	Grant Authority (Source):	KRS 158. <mark>792</mark>	10.	Financial Reporting Method:
				☑ Electronic Submission: CDIP
5.	Award Amount:	\$48,400.00		□Other:
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
		()1110		
		Our		
		Commony	76	alth Aller
1.			ment	s are completed correctly and submitted to KDE. 3rd quarter payment should
	be held until completion of mid-ye	ear survey and Infinite Campus Intervention.		
_	A .I . I . I . I . I . I . I . I . I . I	W. M. H. St		2
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
		Program Standards	A	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Warren County		⊠State
	Street Address:	303 Lover's Ln., P.O. Box 51810		□Federal
	City, State, Zip:	Bowling Green, KY 42102-6810		□Other:
				348
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		☐ Expenditure Reimbursement
	Budget Contact:	Shelby Power		
	Street Address:	300 Sower Blvd		□Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
	/	Children.		Zheecipe of invoice nom remon
3.	Description/Fun Source of Award		9.	Reimbursement Frequency:
	Description:	FY20 Math Achievement Grant	٥.	□Monthly
	Fund Source:	General Fund		Quarterly
	MUNIS Project Number:	10LF		☑ Other: 1 st and 3 rd quarters
	MOA Number:	19*3774		Other. 1 and 3 quarters
			10	Financial Reporting Method:
4.	Grant Authority (Source):	KRS 158. <mark>792</mark>	10.	Electronic Submission: CDIP
	_			Other:
5.	Award Amount:	\$48,400.00		Lottler.
_			11	Evaluations:
6.	Period of Award:		11.	[Enter data here]
	July 1 st 2019 – June 30 th , 2020			[Enter data nere]
		()111		
4	Consist Instructions (Conditions 1	st : 1-14 0.:1 4:1.:1 10 0.00 1	VE	A second of the second or besides A to VDE 2nd second or second of the second or secon
1.		ar survey and Infinite Campus Intervention.	ment	s are completed correctly and submitted to KDE. 3 rd quarter payment should
	be neid until completion of find-ye	ar survey and mininte Campus intervention.		
1	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
	Authorized by (Nume, Title).	Program Standards		Date: 1710/7, 2013
		1 Togram Standards	2 5	4 ()

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Wayne County		⊠State
	Street Address:	1025 South Main St.		□Federal
	City, State, Zip:	Monticello, KY 42633		□Other:
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Erin Chavez		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		□ Expenditure Reimbursement
	Budget Contact:	Shelby Power		■ Automatic Payment
	Street Address:	300 Sower Blvd		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		Children		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		
	Description:	FY20 Math Achievement Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	10LF		Quarterly
	MOA Number:	19*3775		☑ Other: 1 st and 3 rd quarters
4.	Grant Authority (Source):	KRS 158.792	10.	Financial Reporting Method:
				☑ Electronic Submission: CDIP
5.	Award Amount:	\$48,400.00		□Other:
6.	Period of Award:		11.	Evaluations:
	July 1 st 2019 – June 30 th , 2020			[Enter data here]
		Out		
		Oui		
		Common	70	01+1
1.	Special Instructions/Conditions: 1	st quarter payment is held until district assurance state	ment	s are completed correctly and submitted to KDE. 3rd quarter payment should
	be held until completion of mid-ye	ar survey and Infinite Campus Intervention.		
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019
		Program Standards		
		11100		

1.	Name and Address of Recipient		7.	Fund Type:			
	Agency Name:	Whitley County		⊠State			
	Street Address:	300 Main St.		□Federal			
	City, State, Zip:	Williamsburg, KY 40769		□Other:			
2.	KDE Contact Information		8.	Method of Payment			
	Program Consultant:	Erin Chavez		☐ Federal Cash Request			
	Street Address:	300 Sower Blvd.		□ Expenditure Reimbursement			
	Budget Contact:	Shelby Power		■ Automatic Payment			
	Street Address:	300 Sower Blvd		□Lump Sum			
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor			
		Children		Execupt of invoice from vehicle			
3.	Description/Fun Source of Award	and Fiscal Year:	9.	Reimbursement Frequency:			
	Description:	FY20 Math Achievement Grant	Э.	Monthly			
	Fund Source:	General Fund					
	MUNIS Project Number:	10LF		Quarterly			
	MOA Number:	19*3795		☑ Other: 1 st and 3 rd quarters			
			4.0	El 110 di sa il 1			
4.	Grant Authority (Source):	KRS 158. <mark>792</mark>	10.	Financial Reporting Method:			
				⊠ Electronic Submission: CDIP			
5.	Award Amount:	\$290,400.00		□Other:			
6.	Period of Award:		11.	Evaluations:			
	July 1 st 2019 – June 30 th , 2020			[Enter data here]			
	O11th						
		Our					
	Commonwealth						
1.	The Property of the Property o						
	be held until completion of mid-year survey and Infinite Campus Intervention.						
	Authorized Du (Plesse - /Title)	Krista Hall Diverton of		Pater May 7 2010			
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019			
		Program Standards	1				

1.	Name and Address of Recipient		7.	Fund Type:				
	Agency Name:	Wolfe County		⊠State				
	Street Address:	68 Main St., P.O. Box 160		□Federal				
	City, State, Zip:	Campton, KY 41301		□Other:				
2.	KDE Contact Information		8.	Method of Payment				
	Program Consultant:	Erin Chavez		☐ Federal Cash Request				
	Street Address:	300 Sower Blvd.		□ Expenditure Reimbursement				
	Budget Contact:	Shelby Power		■ Automatic Payment				
	Street Address:	300 Sower Blvd		□Lump Sum				
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor				
		Children		Execupt of invoice from vehicor				
3.	Description/Fun Source of Award	and Fiscal Year:	0	Reimbursement Frequency:				
	Description:	FY20 Math Achievement Grant	9.					
	Fund Source:	General Fund		Monthly				
	MUNIS Project Number:	10LF		Quarterly				
	MOA Number:	19*3777		☑ Other: 1 st and 3 rd quarters				
4.	Grant Authority (Source):	KRS 158.792	10.	Financial Reporting Method:				
				☑ Elect <mark>ronic Submission: CDIP</mark>				
5.	Award Amount:	\$48,400.00		□Other:				
6.	Period of Award:		11.	Evaluations:				
	July 1 st 2019 – June 30 th , 2020			[Enter data here]				
	01110							
		Our						
	Commonwealth							
1.	The Property of the Property o							
	be held until completion of mid-year survey and Infinite Campus Intervention.							
1.	Authorized By (Name/Title):	Krista Hall, Director of		Date: May 7, 2019				
		Program Standards	JA					