

**Kentucky Department of Education
2012-2013 Award Notification**

1 Name and Address of Recipient: Agency Name Barren County Schools Street Address 202 W Washington St City, KY Zip Glasgow, KY 42141	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Contact – Phone # Frank Crossman – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16th Fl. CPT City, KY Zip Frankfort, Kentucky 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input checked="" type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description FY13 Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A MUNIS Project Number 3113 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount \$136,055.00	11 Evaluations: N/A
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: All funds must be spent down and no more than 15% of awarded amount to be carried over in to FY14. Following the Migrant Carryover Approval Process funds carryover request must be submitted 30 days prior to end date of grant. The final Federal Cash Request must be submitted by December 10, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Date: July 16, 2012 Division of Consolidated Plans and Audits	

**Kentucky Department of Education
2012-2013 Award Notification**

1 Name and Address of Recipient: Agency Name Caldwell County Schools Street Address PO Box 229 City, KY Zip Princeton, KY 42445	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Contact – Phone # Frank Crossman – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16th Fl. CPT City, KY Zip Frankfort, Kentucky 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input checked="" type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description FY13 Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A MUNIS Project Number 3113 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount \$82,854.00	11 Evaluations: N/A
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members: Caldwell County; Hopkins County; Trigg County	
13 Special Instructions/Conditions: All funds must be spent down and no more than 15% of awarded amount to be carried over in to FY14. Following the Migrant Carryover Approval Process funds carryover request must be submitted 30 days prior to end date of grant. The final Federal Cash Request must be submitted by December 10, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Date: July 16, 2012 Division of Consolidated Plans and Audits	

**Kentucky Department of Education
2012-2013 Award Notification**

1 Name and Address of Recipient: Agency Name Caverna Indp. Schools Street Address 1102 N. Dixie Hwy City, KY Zip Cave City, KY 42127	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Contact – Phone # Frank Crossman – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16th Fl. CPT City, KY Zip Frankfort, Kentucky 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input checked="" type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description FY13 Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A MUNIS Project Number 3113 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount \$57,562.00	11 Evaluations: N/A
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: All funds must be spent down and no more than 15% of awarded amount to be carried over in to FY14. Following the Migrant Carryover Approval Process funds carryover request must be submitted 30 days prior to end date of grant. The final Federal Cash Request must be submitted by December 10, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Date: July 16, 2012 Division of Consolidated Plans and Audits	

**Kentucky Department of Education
2012-2013 Award Notification**

1 Name and Address of Recipient: Agency Name Christian County Schools Street Address PO Box 609 City, KY Zip Hopkinsville, KY 42241	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Contact – Phone # Frank Crossman – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16th Fl. CPT City, KY Zip Frankfort, Kentucky 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input checked="" type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description FY13 Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A MUNIS Project Number 3113 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount \$111,635.00	11 Evaluations: N/A
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: All funds must be spent down and no more than 15% of awarded amount to be carried over in to FY14. Following the Migrant Carryover Approval Process funds carryover request must be submitted 30 days prior to end date of grant. The final Federal Cash Request must be submitted by December 10, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Date: July 16, 2012 Division of Consolidated Plans and Audits	

**Kentucky Department of Education
2012-2013 Award Notification**

1 Name and Address of Recipient: Agency Name Clark County Schools Street Address 1600 W Lexington Ave City, KY Zip Winchester, KY 40391	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Contact – Phone # Frank Crossman – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16th Fl. CPT City, KY Zip Frankfort, Kentucky 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input checked="" type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description FY13 Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A MUNIS Project Number 3113 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount \$170,069.00	11 Evaluations: N/A
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: All funds must be spent down and no more than 15% of awarded amount to be carried over in to FY14. Following the Migrant Carryover Approval Process funds carryover request must be submitted 30 days prior to end date of grant. The final Federal Cash Request must be submitted by December 10, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Date: July 16, 2012 Division of Consolidated Plans and Audits	

**Kentucky Department of Education
2012-2013 Award Notification**

1 Name and Address of Recipient: Agency Name Clinton County Schools Street Address Rt 4 Box 100 Hwy 127 City, KY Zip Albany, KY 42602	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Contact – Phone # Frank Crossman – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16th Fl. CPT City, KY Zip Frankfort, Kentucky 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input checked="" type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description FY13 Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A MUNIS Project Number 3113 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount \$102,042.00	11 Evaluations: N/A
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: All funds must be spent down and no more than 15% of awarded amount to be carried over in to FY14. Following the Migrant Carryover Approval Process funds carryover request must be submitted 30 days prior to end date of grant. The final Federal Cash Request must be submitted by December 10, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Date: July 16, 2012 Division of Consolidated Plans and Audits	

**Kentucky Department of Education
2012-2013 Award Notification**

1 Name and Address of Recipient: Agency Name Danville Independent Street Address 152 E Martin Luther King Blvd City, KY Zip Danville, KY 40422	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Contact – Phone # Frank Crossman – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16th Fl. CPT City, KY Zip Frankfort, Kentucky 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input checked="" type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description FY13 Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A MUNIS Project Number 3113 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount \$123,845.00	11 Evaluations: N/A
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members: Danville Ind; Boyle County	
13 Special Instructions/Conditions: All funds must be spent down and no more than 15% of awarded amount to be carried over in to FY14. Following the Migrant Carryover Approval Process funds carryover request must be submitted 30 days prior to end date of grant. The final Federal Cash Request must be submitted by December 10, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Date: July 16, 2012 Division of Consolidated Plans and Audits	

**Kentucky Department of Education
2012-2013 Award Notification**

1 Name and Address of Recipient: Agency Name Fayette County Schools Street Address 701 E Main St City, KY Zip Lexington, KY 40502	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Contact – Phone # Frank Crossman – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16th Fl. CPT City, KY Zip Frankfort, Kentucky 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input checked="" type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description FY13 Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A MUNIS Project Number 3113 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount \$318,335.00	11 Evaluations: N/A
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: All funds must be spent down and no more than 15% of awarded amount to be carried over in to FY14. Following the Migrant Carryover Approval Process funds carryover request must be submitted 30 days prior to end date of grant. The final Federal Cash Request must be submitted by December 10, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Date: July 16, 2012 Division of Consolidated Plans and Audits	

**Kentucky Department of Education
2012-2013 Award Notification**

1 Name and Address of Recipient: Agency Name Lincoln County Schools Street Address PO Box 265 City, KY Zip Stanford, KY 40484	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Contact – Phone # Frank Crossman – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16th Fl. CPT City, KY Zip Frankfort, Kentucky 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input checked="" type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description FY13 Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A MUNIS Project Number 3113 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount \$60,178.00	11 Evaluations: N/A
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: All funds must be spent down and no more than 15% of awarded amount to be carried over in to FY14. Following the Migrant Carryover Approval Process funds carryover request must be submitted 30 days prior to end date of grant. The final Federal Cash Request must be submitted by December 10, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Date: July 16, 2012 Division of Consolidated Plans and Audits	

**Kentucky Department of Education
2012-2013 Award Notification**

1 Name and Address of Recipient: Agency Name Logan County Schools Street Address PO Box 417 City, KY Zip Russellville, KY 42276	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Contact – Phone # Frank Crossman – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16th Fl. CPT City, KY Zip Frankfort, Kentucky 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input checked="" type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description FY13 Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A MUNIS Project Number 3113 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount \$128,206.00	11 Evaluations: N/A
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members: Logan County; Russellville Indp	
13 Special Instructions/Conditions: All funds must be spent down and no more than 15% of awarded amount to be carried over in to FY14. Following the Migrant Carryover Approval Process funds carryover request must be submitted 30 days prior to end date of grant. The final Federal Cash Request must be submitted by December 10, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Date: July 16, 2012 Division of Consolidated Plans and Audits	

**Kentucky Department of Education
2012-2013 Award Notification**

1 Name and Address of Recipient: Agency Name Madison County Schools Street Address PO Box 768 City, KY Zip Richmond, KY 40475	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Contact – Phone # Frank Crossman – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16th Fl. CPT City, KY Zip Frankfort, Kentucky 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input checked="" type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description FY13 Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A MUNIS Project Number 3113 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount \$150,010.00	11 Evaluations: N/A
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members: Madison County; Berea Ind	
13 Special Instructions/Conditions: All funds must be spent down and no more than 15% of awarded amount to be carried over in to FY14. Following the Migrant Carryover Approval Process funds carryover request must be submitted 30 days prior to end date of grant. The final Federal Cash Request must be submitted by December 10, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Date: July 16, 2012 Division of Consolidated Plans and Audits	

**Kentucky Department of Education
2012-2013 Award Notification**

1 Name and Address of Recipient: Agency Name Marion County Schools Street Address 755 E Main St City, KY Zip Lebanon, KY 40033	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Contact – Phone # Frank Crossman – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16 th Fl. CPT City, KY Zip Frankfort, Kentucky 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input checked="" type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description FY13 Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A MUNIS Project Number 3113 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount \$100,297.00	11 Evaluations: N/A
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: All funds must be spent down and no more than 15% of awarded amount to be carried over in to FY14. Following the Migrant Carryover Approval Process funds carryover request must be submitted 30 days prior to end date of grant. The final Federal Cash Request must be submitted by December 10, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Date: July 16, 2012 Division of Consolidated Plans and Audits	

**Kentucky Department of Education
2012-2013 Award Notification**

1 Name and Address of Recipient: Agency Name Mayfield Indp. Schools Street Address 914 East College St City, KY Zip Mayfield, KY 42066	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Contact – Phone # Frank Crossman – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16th Fl. CPT City, KY Zip Frankfort, Kentucky 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input checked="" type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description FY13 Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A MUNIS Project Number 3113 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount \$64,539.00	11 Evaluations: N/A
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: All funds must be spent down and no more than 15% of awarded amount to be carried over in to FY14. Following the Migrant Carryover Approval Process funds carryover request must be submitted 30 days prior to end date of grant. The final Federal Cash Request must be submitted by December 10, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Date: July 16, 2012 Division of Consolidated Plans and Audits	

**Kentucky Department of Education
2012-2013 Award Notification**

1 Name and Address of Recipient: Agency Name McLean County Schools Street Address PO Box 245 City, KY Zip Calhoun, KY 42327	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Contact – Phone # Frank Crossman – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16th Fl. CPT City, KY Zip Frankfort, Kentucky 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input checked="" type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description FY13 Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A MUNIS Project Number 3113 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount \$60,178.00	11 Evaluations: N/A
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: All funds must be spent down and no more than 15% of awarded amount to be carried over in to FY14. Following the Migrant Carryover Approval Process funds carryover request must be submitted 30 days prior to end date of grant. The final Federal Cash Request must be submitted by December 10, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Date: July 16, 2012 Division of Consolidated Plans and Audits	

**Kentucky Department of Education
2012-2013 Award Notification**

1 Name and Address of Recipient: Agency Name Metcalfe County Schools Street Address 109 Sartin Dr City, KY Zip Edmonton, KY 42129	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Contact – Phone # Frank Crossman – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16th Fl. CPT City, KY Zip Frankfort, Kentucky 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input checked="" type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description FY13 Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A MUNIS Project Number 3113 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount \$109,891.00	11 Evaluations: N/A
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: All funds must be spent down and no more than 15% of awarded amount to be carried over in to FY14. Following the Migrant Carryover Approval Process funds carryover request must be submitted 30 days prior to end date of grant. The final Federal Cash Request must be submitted by December 10, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Date: July 16, 2012 Division of Consolidated Plans and Audits	

**Kentucky Department of Education
2012-2013 Award Notification**

1	Name and Address of Recipient: Agency Name Monroe County Schools Street Address 309 Emberton Street City, KY Zip Tompkinsville, KY 42167	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Contact – Phone # Frank Crossman – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16th Fl. CPT City, KY Zip Frankfort, Kentucky 40601	8	Method of Payment: <input type="checkbox"/> Federal Cash Request <input checked="" type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description FY13 Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A MUNIS Project Number 3113 Master Agreement Number N/A	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount \$258,156.00	11	Evaluations: N/A
6	Period of Award: July 1, 2012 – September 30, 2013		
12	Consortia/Partnership Members:		
13	Special Instructions/Conditions: All funds must be spent down and no more than 15% of awarded amount to be carried over in to FY14. Following the Migrant Carryover Approval Process funds carryover request must be submitted 30 days prior to end date of grant. The final Federal Cash Request must be submitted by December 10, 2013.		
14	Authorized By (Name/Title): Donna Tackett, Director Date: July 16, 2012 Division of Consolidated Plans and Audits		

**Kentucky Department of Education
2012-2013 Award Notification**

1 Name and Address of Recipient: Agency Name Montgomery County Schools Street Address 700 Woodford Drive City, KY Zip Mount Sterling, KY 40353	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Contact – Phone # Frank Crossman – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16th Fl. CPT City, KY Zip Frankfort, Kentucky 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input checked="" type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description FY13 Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A MUNIS Project Number 3113 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount \$312,230.00	11 Evaluations: N/A
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: All funds must be spent down and no more than 15% of awarded amount to be carried over in to FY14. Following the Migrant Carryover Approval Process funds carryover request must be submitted 30 days prior to end date of grant. The final Federal Cash Request must be submitted by December 10, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Date: July 16, 2012 Division of Consolidated Plans and Audits	

**Kentucky Department of Education
2012-2013 Award Notification**

1 Name and Address of Recipient: Agency Name Ohio County Schools Street Address PO Box 70 City, KY Zip Hartford, KY 42347	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Contact – Phone # Frank Crossman – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16th Fl. CPT City, KY Zip Frankfort, Kentucky 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input checked="" type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description FY13 Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A MUNIS Project Number 3113 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount \$100,297.00	11 Evaluations: N/A
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: All funds must be spent down and no more than 15% of awarded amount to be carried over in to FY14. Following the Migrant Carryover Approval Process funds carryover request must be submitted 30 days prior to end date of grant. The final Federal Cash Request must be submitted by December 10, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Date: July 16, 2012 Division of Consolidated Plans and Audits	

**Kentucky Department of Education
2012-2013 Award Notification**

1 Name and Address of Recipient: Agency Name Powell County Schools Street Address PO Box 430 City, KY Zip Stanton, KY 40380	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Contact – Phone # Frank Crossman – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16th Fl. CPT City, KY Zip Frankfort, Kentucky 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input checked="" type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description FY13 Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A MUNIS Project Number 3113 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount \$101,169.00	11 Evaluations: N/A
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: All funds must be spent down and no more than 15% of awarded amount to be carried over in to FY14. Following the Migrant Carryover Approval Process funds carryover request must be submitted 30 days prior to end date of grant. The final Federal Cash Request must be submitted by December 10, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Date: July 16, 2012 Division of Consolidated Plans and Audits	

**Kentucky Department of Education
2012-2013 Award Notification**

1 Name and Address of Recipient: Agency Name Pulaski County Schools Street Address PO Box 1055 City, KY Zip Somerset, KY 42502	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Contact – Phone # Frank Crossman – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16th Fl. CPT City, KY Zip Frankfort, Kentucky 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input checked="" type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description FY13 Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A MUNIS Project Number 3113 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount \$227,632.00	11 Evaluations: N/A
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members: Pulaski County; Somerset Ind	
13 Special Instructions/Conditions: All funds must be spent down and no more than 15% of awarded amount to be carried over in to FY14. Following the Migrant Carryover Approval Process funds carryover request must be submitted 30 days prior to end date of grant. The final Federal Cash Request must be submitted by December 10, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Date: July 16, 2012 Division of Consolidated Plans and Audits	

**Kentucky Department of Education
2012-2013 Award Notification**

1 Name and Address of Recipient: Agency Name Scott County Schools Street Address PO Box 578 City, KY Zip Georgetown, KY 40324	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Contact – Phone # Frank Crossman – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16th Fl. CPT City, KY Zip Frankfort, Kentucky 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input checked="" type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description FY13 Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A MUNIS Project Number 3113 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount \$99,425.00	11 Evaluations: N/A
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: All funds must be spent down and no more than 15% of awarded amount to be carried over in to FY14. Following the Migrant Carryover Approval Process funds carryover request must be submitted 30 days prior to end date of grant. The final Federal Cash Request must be submitted by December 10, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Date: July 16, 2012 Division of Consolidated Plans and Audits	

**Kentucky Department of Education
2012-2013 Award Notification**

1 Name and Address of Recipient: Agency Name Shelby County Schools Street Address PO Box 159 City, KY Zip Shelbyville, KY 40066	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Contact – Phone # Frank Crossman – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16th Fl. CPT City, KY Zip Frankfort, Kentucky 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input checked="" type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description FY13 Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A MUNIS Project Number 3113 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount \$177,919.00	11 Evaluations: N/A
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: All funds must be spent down and no more than 15% of awarded amount to be carried over in to FY14. Following the Migrant Carryover Approval Process funds carryover request must be submitted 30 days prior to end date of grant. The final Federal Cash Request must be submitted by December 10, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Date: July 16, 2012 Division of Consolidated Plans and Audits	

**Kentucky Department of Education
2012-2013 Award Notification**

1 Name and Address of Recipient: Agency Name Todd County Schools Street Address 205 Airport Rd City, KY Zip Elkton, KY 42220	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Contact – Phone # Frank Crossman – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16th Fl. CPT City, KY Zip Frankfort, Kentucky 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input checked="" type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description FY13 Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A MUNIS Project Number 3113 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount \$108,147.00	11 Evaluations: N/A
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: All funds must be spent down and no more than 15% of awarded amount to be carried over in to FY14. Following the Migrant Carryover Approval Process funds carryover request must be submitted 30 days prior to end date of grant. The final Federal Cash Request must be submitted by December 10, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Date: July 16, 2012 Division of Consolidated Plans and Audits	

**Kentucky Department of Education
2012-2013 Award Notification**

1 Name and Address of Recipient: Agency Name Trimble County Schools Street Address PO Box 275 City, KY Zip Bedford, KY 40006	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Contact – Phone # Frank Crossman – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16th Fl. CPT City, KY Zip Frankfort, Kentucky 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input checked="" type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description FY13 Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A MUNIS Project Number 3113 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount \$55,818.00	11 Evaluations: N/A
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: All funds must be spent down and no more than 15% of awarded amount to be carried over in to FY14. Following the Migrant Carryover Approval Process funds carryover request must be submitted 30 days prior to end date of grant. The final Federal Cash Request must be submitted by December 10, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Date: July 16, 2012 Division of Consolidated Plans and Audits	

**Kentucky Department of Education
2012-2013 Award Notification**

1 Name and Address of Recipient: Agency Name Webster County Schools Street Address 28 State Rt 1340 City, KY Zip Dixon, KY 42409	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Contact – Phone # Frank Crossman – 502-564-3791 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16th Fl. CPT City, KY Zip Frankfort, Kentucky 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input checked="" type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description FY13 Migrant Education Fund Source Title I, Part C Migrant Education CFDA# 84.011A MUNIS Project Number 3113 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4 Grant Authority (Source): NCLB Title I, Part C; 34CFR Part 200; EDGAR 34 CFR Parts 76, 77, 79, 80, 81, 82, 85, 97, 98, and 99	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount \$129,078.00	11 Evaluations: N/A
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: All funds must be spent down and no more than 15% of awarded amount to be carried over in to FY14. Following the Migrant Carryover Approval Process funds carryover request must be submitted 30 days prior to end date of grant. The final Federal Cash Request must be submitted by December 10, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Date: July 16, 2012 Division of Consolidated Plans and Audits	