

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Agency Name Carter County Street Address 228 Carol Malone Boulevard City, State Zip Grayson, KY 41143	2 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Donna Tackett – 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, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input 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 Title I, School Improvement Funds Fund Source Title I, Part A Section 1003 (g) CFDA# 84.377A MUNIS Project Number 4602 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 A Section 1003(g), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$751,027 East Carter High School	11 Evaluations:
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. The final Federal Cash Request must be submitted by December 6, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: June 21, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Agency Name Christian County Schools Street Address 200 Glass Street City, State Zip Hopkinsville, KY 42240	2 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Donna Tackett – 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, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input 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 Title I, School Improvement Funds Fund Source Title I, Part A Section 1003 (g) CFDA# 84.377A MUNIS Project Number 4602 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 A Section 1003(g), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$579,905 Christian County High School	11 Evaluations:
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. The final Federal Cash Request must be submitted by December 6, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: June 21, 2012

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1 Name and Address of Recipient: Agency Name Greenup County Board of Education Street Address 45 Musketeer Drive City, State Zip Greenup, KY 41144	2 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Donna Tackett – 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, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input 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 Title I, School Improvement Funds Fund Source Title I, Part A Section 1003 (g) CFDA# 84.377A MUNIS Project Number 4602 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 A Section 1003(g), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$991,870 Greenup County High School	11 Evaluations:
6 Period of Award: July 1, 2012 – September 30, 2012	
12 Consortia/Partnership Members: _____	
13 Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. The final Federal Cash Request must be submitted by December 6, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: June 21, 2012

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1 Name and Address of Recipient: Agency Name Martin County Board of Education Street Address Rt. 4, P.O. Box 366 City, State Zip Inez, KY 41224	2 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Donna Tackett – 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, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input 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 Title I, School Improvement Funds Fund Source Title I, Part A Section 1003 (g) CFDA# 84.377A MUNIS Project Number 4602 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 A Section 1003(g), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$565,668 Sheldon Clark High School	11 Evaluations:
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. The final Federal Cash Request must be submitted by December 6, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: June 21, 2012

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1 Name and Address of Recipient: Agency Name Newport Independent Board of Education Street Address 301 E. Eighth Street City, State Zip Newport, KY 41071	2 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Donna Tackett – 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, KY 40601	8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input 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 Title I, School Improvement Funds Fund Source Title I, Part A Section 1003 (g) CFDA# 84.377A MUNIS Project Number 4602 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 A Section 1003(g), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$700,210 Newport High School	11 Evaluations:
6 Period of Award: July 1, 2012 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. The final Federal Cash Request must be submitted by December 6, 2013.	
14 Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits	Date: June 21, 2012