

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Adair County Street Address 1204 Greensburg St City, State Zip Columbia, KY 42728	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$186,610	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Allen County Street Address 238 Bowling Green Rd City, State Zip Scottsville, KY 42164	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$148,895	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Anchorage Independent Street Address 11400 Ridge Rd City, State Zip Anchorage, KY 40223	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$8,294	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Anderson County Street Address 1160 Bypass North City, State Zip Lawrenceburg, KY 40342	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$114,012	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Ashland Independent Street Address PO Box 3000 City, State Zip Ashland, KY 41101	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$207,009	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Augusta Independent Street Address 307 Bracken St City, State Zip Augusta, KY 41002	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$15,149	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Ballard County Street Address 3465 Paducah Rd City, State Zip Barlow, KY 42024	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$63,668	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Barbourville Independent Street Address PO Box 520 City, State Zip Barbourville, KY 40906	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$49,245	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Bardstown Independent Street Address 308 N Fifth St City, State Zip Bardstown, KY 40004	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$91,809	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Barren County Street Address 202 W Washington St City, State 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 Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$186,917	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Bath County Street Address 405 W Main St City, State Zip Owingsville, KY 40360	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$130,197	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Beechwood Independent Street Address 50 Beechwood Rd City, State Zip Fort Mitchell, KY 41017	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$20,353	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Bell County Street Address PO Box 340 City, State Zip Pineville, KY 40977	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$275,338	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Bellevue Independent Street Address 219 Center St City, State Zip Bellevue, KY 41073	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$38,937	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Berea Independent Street Address 3 Pirate Pkwy City, State Zip Berea, KY 40403	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$46,663	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Boone County Street Address 8330 US 42 City, State Zip Florence, KY 41042	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$413,416	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Bourbon County Street Address 3343 Lexington Rd City, State Zip Paris, KY 40361	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$104,373	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Bowling Green Independent Street Address 1211 Center St City, State Zip Bowling Green, KY 42101	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$214,996	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Boyd County Street Address 1104 Bob McCullough Dr City, State Zip Ashland, KY 41102	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$182,485	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Boyle County Street Address 352 N Danville By-Pass City, State 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 Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$105,460	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Bracken County Street Address 348 W Miami St City, State Zip Brooksville, KY 41004	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$62,020	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Breathitt County Street Address PO Box 750 City, State Zip Jackson, KY 41339	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$241,181	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Breckinridge County Street Address 86 Airport Road City, State Zip Hardinsburg, KY 40143	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$159,894	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Bullitt County Street Address 1040 Hwy 44 E City, State Zip Shepherdsville, KY 40165	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$412,904	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Burgin Independent Street Address PO Box B City, State Zip Burgin, KY 40310	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$12,451	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Butler County Street Address PO Box 339 City, State Zip Morgantown, KY 42261	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$129,084	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Caldwell County Street Address PO Box 229 City, State 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 Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$120,603	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Calloway County Street Address PO Box 800 City, State Zip Murray, KY 42071	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$147,947	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Campbell County Street Address 101 Orchard Ln City, State Zip Alexandria, KY 41001	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$119,213	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Campbellsville Independent Street Address 136 S Columbia City, State Zip Campbellsville, KY 42718	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$102,881	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Carlisle County Street Address 4557 State Rt 1377 City, State Zip Bardwell, KY 42023	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$44,396	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Carter County Street Address 228 S Carol Malone Blvd City, State Zip Grayson, KY 41143	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$342,967	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Casey County Street Address 1922 N US 127 City, State Zip Liberty, KY 42539	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$176,100	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Caverna Independent Street Address 1102 N. Dixie Hwy City, State 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 Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$59,950	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Christian County Street Address PO Box 609 City, State 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 Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$591,322	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Clark County Street Address 1600 W Lexington Ave City, State 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 Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$266,011	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Clay County Street Address 128 Richmond Rd City, State Zip Manchester, KY 40962	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$413,648	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Clinton County Street Address Rt 4 Box 100 Hwy 127 City, State 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 Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$133,315	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Cloverport Independent Street Address PO Box 37 City, State Zip Cloverport, KY 40111	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$17,207	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Corbin Independent Street Address 108 Roy Kidd Ave City, State Zip Corbin, KY 40701	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$123,393	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Covington Independent Street Address 25 E Seventh St City, State Zip Covington, KY 41011	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$430,560	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Crittenden County Street Address PO Box 362 City, State Zip Marion, KY 42064	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$93,017	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Cumberland County Street Address PO Box 420 City, State Zip Burkesville, KY 42717	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$86,466	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Danville Independent Street Address 152 E Martin Luther King Blvd City, State 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 Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$102,777	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Daviess County Street Address PO Box 21510 City, State Zip Owensboro, KY 42304	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$389,251	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Dawson Springs Independent Street Address 118 E Arcadia Ave City, State Zip Dawson Springs, KY 42408	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$27,589	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Dayton Independent Street Address 200 Clay St City, State Zip Dayton, KY 41074	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$76,671	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name East Bernstadt Independent Street Address PO Box 128 City, State Zip East Bernstadt, KY 40729	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$26,506	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Edmonson County Street Address PO Box 129 City, State Zip Brownsville, KY 42210	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$120,602	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Elizabethtown Independent Street Address 219 Helm St City, State Zip Elizabethtown, KY 42701	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$90,796	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Elliott County Street Address PO Box 767 City, State Zip Sandy Hook, KY 41171	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$99,638	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Eminence Independent Street Address PO Box 146 City, State Zip Eminence, KY 40019	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$31,921	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Erlanger Independent Street Address 500 Graves Ave City, State Zip Erlanger, KY 41018	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$85,497	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Estill County Street Address PO Box 930 City, State Zip Irvine, KY 40336	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$191,828	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Fairview Independent Street Address 2201 Main Street City, State Zip Ashland, KY 41102	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$25,166	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Fayette County Street Address 701 E Main St City, State 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 Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$1,535,860	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Fleming County Street Address 211 W Water St City, State Zip Flemingsburg, KY 41041	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$148,600	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Floyd County Street Address 106 N Front Ave City, State Zip Prestonsburg, KY 41653	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$627,539	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Fort Thomas Independent Street Address 28 N Ft Thomas Ave City, State Zip Fort Thomas, KY 41075	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$65,349	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Frankfort Independent Street Address 506 West 2nd Street, Suite 2 City, State Zip Frankfort, KY 40601	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$67,339	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Franklin County Street Address 916 E Main St City, State Zip Frankfort, KY 40601	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$239,968	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Fulton County Street Address 2780 Moscow Ave City, State Zip Hickman, KY 42050	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$62,072	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Fulton Independent Street Address 313 Main St City, State Zip Fulton, KY 42041	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$40,454	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Gallatin County Street Address 75 Boardwalk City, State Zip Warsaw, KY 41095	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$77,279	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Garrard County Street Address 322 W Maple St City, State Zip Lancaster, KY 40444	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$120,808	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Glasgow Independent Street Address PO Box 1239 City, State Zip Glasgow, KY 42142	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$119,294	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Grant County Street Address 820 Arnie Risen Boulevard City, State Zip Williamstown, KY 41097	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$167,357	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Graves County Street Address 2290 State Rt 121 N City, State 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 Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$198,802	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Grayson County Street Address PO Box 4009 City, State Zip Leitchfield, KY 42754	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$261,909	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Green County Street Address PO Box 369 City, State Zip Greensburg, KY 42743	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$99,965	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Greenup County Street Address 8000 US 23 N City, State Zip Greenup, KY 41144	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$208,335	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Hancock County Street Address 83 State Rt 271 N City, State Zip Hawesville, KY 42348	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$75,031	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Hardin County Street Address 65 W A Jenkins Rd City, State Zip Elizabethtown, KY 42701	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$547,854	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Harlan County Street Address 251 Ball Park Rd City, State Zip Harlan, KY 40831	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$475,777	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Harlan Independent Street Address 420 E Central St City, State Zip Harlan, KY 40831	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$51,842	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Harrison County Street Address 308 Webster Ave City, State Zip Cynthiana, KY 41031	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$150,053	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Hart County Street Address 25 Quality Street City, State Zip Munfordville, KY 42765	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$176,202	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Hazard Independent Street Address 705 Main Street City, State Zip Hazard, KY 41701	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$69,232	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Henderson County Street Address 1805 Second St City, State Zip Henderson, KY 42420	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$345,579	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Hickman County Street Address 416 Waterfield Dr City, State Zip Clinton, KY 42031	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$47,517	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Hopkins County Street Address 320 S Seminary St City, State Zip Madisonville, KY 42431	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$399,194	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Jackson County Street Address PO Box 217 City, State Zip McKee, KY 40447	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$216,047	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Jackson Independent Street Address 940 Highland Ave City, State Zip Jackson, KY 41339	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$21,417	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Jefferson County Street Address PO Box 34020 City, State Zip Louisville, KY 40232	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$4,816,666	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Jenkins Independent Street Address PO Box 74 City, State Zip Jenkins, KY 41537	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$54,696	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Jessamine County Street Address 871 Wilmore Rd City, State Zip Nicholasville, KY 40356	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$297,680	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Johnson County Street Address 253 N Mayo Tr City, State Zip Paintsville, KY 41240	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$280,895	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Kenton County Street Address 1055 Eaton Dr City, State Zip Fort Wright, KY 41017	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$384,150	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Knott County Street Address PO Box 869 City, State Zip Hindman, KY 41822	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$272,642	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Knox County Street Address 200 Daniel Boone Dr City, State Zip Barbourville, KY 40906	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$458,636	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Larue County Street Address 208 College St City, State Zip Hodgenville, KY 42748	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$121,000	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Laurel County Street Address 718 North Main Street City, State Zip London, KY 40741	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$565,291	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Lawrence County Street Address PO Box 607 City, State Zip Louisa, KY 41230	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$227,474	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Lee County Street Address PO Box 668 City, State Zip Beattyville, KY 41311	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$130,074	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Leslie County Street Address PO Box 949 City, State Zip Hyden, KY 41749	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$213,697	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Letcher County Street Address 224 Park St City, State Zip Whitesburg, KY 41858	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$296,311	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Lewis County Street Address PO Box 159 City, State Zip Vanceburg, KY 41179	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$191,468	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Lincoln County Street Address PO Box 265 City, State 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 Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$263,444	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Livingston County Street Address PO Box 219 City, State Zip Smithland, KY 42081	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$72,596	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Logan County Street Address PO Box 417 City, State 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 Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$162,945	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Ludlow Independent Street Address 525 Elm St City, State Zip Ludlow, KY 41016	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$44,799	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Lyon County Street Address 217 Jenkins Rd City, State Zip Eddyville, KY 42038	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$44,062	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Madison County Street Address PO Box 768 City, State 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 Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$474,598	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Magoffin County Street Address PO Box 109 City, State Zip Salyersville, KY 41465	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$252,224	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Marion County Street Address 755 E Main St City, State 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 Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$174,517	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Martin County Street Address PO Box 366 City, State Zip Inez, KY 41224	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$211,928	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Mason County Street Address PO Box 130 City, State Zip Maysville, KY 41056	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$169,729	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Mayfield Independent Street Address 914 East College St City, State 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 Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$102,054	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name McCracken County Street Address 435 Berger Rd City, State Zip Paducah, KY 42001	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$254,189	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name McCreary County Street Address 120 Raider Way City, State Zip Stearns, KY 42647	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$327,072	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name McLean County Street Address PO Box 245 City, State 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 Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$84,779	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Meade County Street Address PO Box 337 City, State Zip Brandenburg, KY 40108	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$206,467	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Menifee County Street Address 202 Back St., PO Box 110 City, State Zip Frenchburg, KY 40322	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$85,625	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Mercer County Street Address 371 E Lexington St. City, State Zip Harrodsburg, KY 40330	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$154,179	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Metcalfe County Street Address 109 Sartin Dr City, State 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 Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$118,743	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Middlesboro Independent Street Address PO Box 959 City, State Zip Middlesboro, KY 40965	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$124,141	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Monroe County Street Address 309 Emberton Street City, State 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 Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$130,895	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Montgomery County Street Address 700 Woodford Drive City, State 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 Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$214,828	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Monticello Independent Street Address 161 College St City, State Zip Monticello, KY 42633	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$54,937	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Morgan County Street Address PO Box 489 City, State Zip West Liberty, KY 41472	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$196,452	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Muhlenberg County Street Address 510 W Main Stree City, State Zip Powderly, KY 42367	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$302,576	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Murray Independent Street Address 208 S 13th St City, State Zip Murray, KY 42071	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$64,527	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Nelson County Street Address PO Box 2277 City, State Zip Bardstown, KY 40004	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$203,877	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Newport Independent Street Address 301 E Eighth St City, State Zip Newport, KY 41071	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$248,317	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals Date: July 19, 2012	

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Nicholas County Street Address 395 W Main St City, State Zip Carlisle, KY 40311	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$78,440	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Ohio County Street Address PO Box 70 City, State 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 Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$237,860	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Oldham County Street Address PO Box 218 City, State Zip Buckner, KY 40010	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$225,860	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Owen County Street Address 1600 Hwy 22 E City, State Zip Owenton, KY 40359	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$109,052	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Owensboro Independent Street Address 450 Griffith Avenue City, State Zip Owensboro, KY 42302	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$334,418	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Owsley County Street Address PO Box 340 City, State Zip Booneville, KY 41314	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$106,587	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Paducah Independent Street Address PO Box 2550 City, State Zip Paducah, KY 42003	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$269,605	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Paintsville Independent Street Address 305 2nd St City, State Zip Paintsville, KY 41240	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$39,053	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Paris Independent Street Address 310 W Seventh St City, State Zip Paris, KY 40361	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$61,330	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Perry County Street Address 315 Park Ave City, State Zip Hazard, KY 41701	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$377,654	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Pike County Street Address 316 S Mayo Tr City, State Zip Pikeville, KY 41502	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$745,863	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Pikeville Independent Street Address 148 Second St City, State Zip Pikeville, KY 41501	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$86,696	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Pineville Independent Street Address 401 Virginia Ave City, State Zip Pineville, KY 40977	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$44,011	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Powell County Street Address PO Box 430 City, State 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 Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$177,794	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Pulaski County Street Address PO Box 1055 City, State 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 Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$461,150	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Raceland Independent Street Address 600 Ram Blvd City, State Zip Raceland, KY 41169	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$39,109	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Rockcastle County Street Address 245 Richmond St City, State Zip Mount Vernon, KY 40456	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$203,768	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Russell County Street Address 404 S. Main St. City, State Zip Jamestown, KY 42629	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$184,211	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Russell Independent Street Address 409 Belfont St City, State Zip Russell, KY 41169	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$84,527	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Russellville Independent Street Address 355 S Summer St City, State 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 Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$56,866	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Science Hill Independent Street Address 6007 N Hwy 27 City, State Zip Science Hill, KY 42553	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$12,614	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Scott County Street Address PO Box 578 City, State 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 Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$251,679	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Shelby County Street Address PO Box 159 City, State 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 Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$206,032	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Silver Grove Independent Street Address PO Box 400 City, State Zip Silver Grove, KY 41085	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$7,259	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Simpson County Street Address 430 South College Street City, State Zip Franklin, KY 42135	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$133,313	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Somerset Independent Street Address 305 N College St City, State 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 Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$82,429	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Southgate Independent Street Address Wm Blatt and Evergreen City, State Zip Southgate, KY 41071	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$11,204	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Spencer County Street Address 207 W Main St City, State Zip Taylorsville, KY 40071	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$83,872	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Taylor County Street Address 1209 E Broadway City, State Zip Campbellsville, KY 42718	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$106,571	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Trigg County Street Address 202 Main St City, State Zip Cadiz, KY 42211	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$101,919	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Trimble County Street Address PO Box 275 City, State 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 Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$70,595	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Union County Street Address 510 S Mart St City, State Zip Morganfield, KY 42437	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$135,693	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Walton-Verona Independent Street Address 16 School Rd City, State Zip Walton, KY 41094	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$49,311	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Warren County Street Address PO Box 51810 City, State Zip Bowling Green, KY 42102	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$492,577	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Washington County Street Address PO Box 72 City, State Zip Springfield, KY 40069	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$99,095	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Wayne County Street Address 1025 Main St City, State Zip Monticello, KY 42633	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$224,778	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Webster County Street Address 28 State Rt 1340 City, State 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 Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$114,506	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name West Point Independent Street Address PO Box 367 City, State Zip West Point, KY 40177	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$16,441	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Whitley County Street Address 300 Main St City, State Zip Williamsburg, KY 40769	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$352,682	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Williamsburg Independent Street Address 1000 Main St City, State Zip Williamsburg, KY 40769	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$65,740	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Williamstown Independent Street Address 300 Helton St City, State Zip Williamstown, KY 41097	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$31,002	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Wolfe County Street Address PO Box 160 City, State Zip Campton, KY 41301	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$150,561	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Superintendent Agency Name Woodford County Street Address 330 Pisgah Pk City, State Zip Versailles, KY 40383	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker – 502-564-1479 Street Address 500 Mero St., 8 th Fl. CPT Budget Contact – Phone # Tracy Billingsley – 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 FY 2013 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Title II, Part A Improving Teacher Quality CFDA# 84.367A MUNIS Project Number 4013 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 II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5 Award Amount: \$133,971	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6 Period of Award: July 1, 2012 – September 30, 2014	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2014.	
14 Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals	Date: July 19, 2012