

**Kentucky Department of Education
Award Notification**

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| 1 Name and Address of Recipient: Agency Name Dayton Independent Schools Street Address 200 Clay Street 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 # Donna Tackett–502-564-3791 Ext.4046 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard–502-564-1979 Ext.4322 Street Address 500 Mero St., 16 th Fl., CPT City, KY Zip Frankfort, KY 40601 | 8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor |
| 3 Description/Fund Source of Award and Fiscal Year: Description Title I, School Improvement Funds Fund Source Title I, Part A Section 1003 (a) CFDA# 84.010A MUNIS Project Number 3204 Master Agreement Number N/A | 9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____ |
| 4 Grant Authority (Source):NCLB, Title I, Part A Section 1003(a), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85 | 10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____ |
| 5 Award Amount: \$100,000 Dayton MS \$50,000; Dayton HS \$50,000 | 11 Evaluations: |
| 6 Period of Award: July 1, 2013 – September 30, 2014 | |
| 12 Consortia/Partnership Members: | |
| 13 Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. The final Federal Cash Request must be submitted by December 6, 2014. | |
| 14 Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits | Date: August 26, 2013 |

**Kentucky Department of Education
Award Notification**

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|---|---|
| 1 Name and Address of Recipient: Agency Name Fayette County Schools Street Address 1126 Russell Cave Rd. 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 # Donna Tackett–502-564-3791 Ext.4046 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard–502-564-1979 Ext.4322 Street Address 500 Mero St., 16 th Fl., CPT City, KY Zip Frankfort, KY 40601 | 8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor |
| 3 Description/Fund Source of Award and Fiscal Year: Description Title I, School Improvement Funds Fund Source Title I, Part A Section 1003 (a) CFDA# 84.010A MUNIS Project Number 3204 Master Agreement Number N/A | 9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____ |
| 4 Grant Authority (Source):NCLB, Title I, Part A Section 1003(a), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85 | 10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____ |
| 5 Award Amount: \$50,000 Bryan Station HS | 11 Evaluations: |
| 6 Period of Award: July 1, 2013 – September 30, 2014 | |
| 12 Consortia/Partnership Members: | |
| 13 Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. The final Federal Cash Request must be submitted by December 6, 2014. | |
| 14 Authorized By (Name/Title): Donna Tackett, Director <i>Division of Consolidated Plans and Audits</i> | Date: August 26, 2013 |

**Kentucky Department of Education
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|--|---|
| 1 Name and Address of Recipient: Agency Name Fleming County Schools 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 # Donna Tackett–502-564-3791 Ext.4046 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard–502-564-1979 Ext.4322 Street Address 500 Mero St., 16 th Fl., CPT City, KY Zip Frankfort, KY 40601 | 8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor |
| 3 Description/Fund Source of Award and Fiscal Year: Description Title I, School Improvement Funds Fund Source Title I, Part A Section 1003 (a) CFDA# 84.010A MUNIS Project Number 3204 Master Agreement Number N/A | 9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____ |
| 4 Grant Authority (Source):NCLB, Title I, Part A Section 1003(a), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85 | 10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____ |
| 5 Award Amount: \$50,000 Fleming Co HS | 11 Evaluations: |
| 6 Period of Award: July 1, 2013 – September 30, 2014 | |
| 12 Consortia/Partnership Members: | |
| 13 Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. The final Federal Cash Request must be submitted by December 6, 2014. | |
| 14 Authorized By (Name/Title): Donna Tackett, Director <i>Division of Consolidated Plans and Audits</i> | Date: August 26, 2013 |

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|--|---|
| 1 Name and Address of Recipient: Agency Name Hopkins County Schools 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 # Donna Tackett–502-564-3791 Ext.4046 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard–502-564-1979 Ext.4322 Street Address 500 Mero St., 16 th Fl., CPT City, KY Zip Frankfort, KY 40601 | 8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor |
| 3 Description/Fund Source of Award and Fiscal Year: Description Title I, School Improvement Funds Fund Source Title I, Part A Section 1003 (a) CFDA# 84.010A MUNIS Project Number 3204 Master Agreement Number N/A | 9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____ |
| 4 Grant Authority (Source):NCLB, Title I, Part A Section 1003(a), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85 | 10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____ |
| 5 Award Amount: \$50,000 Hopkins Co Central HS | 11 Evaluations: |
| 6 Period of Award: July 1, 2013 – September 30, 2014 | |
| 12 Consortia/Partnership Members: | |
| 13 Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. The final Federal Cash Request must be submitted by December 6, 2014. | |
| 14 Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits | Date: August 26, 2013 |

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| 1 Name and Address of Recipient: Agency Name Jefferson County Schools Street Address 3332 Newburg Rd. 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 # Donna Tackett–502-564-3791 Ext.4046 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard–502-564-1979 Ext.4322 Street Address 500 Mero St., 16 th Fl., CPT City, KY Zip Frankfort, KY 40601 | 8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor |
| 3 Description/Fund Source of Award and Fiscal Year: Description Title I, School Improvement Funds Fund Source Title I, Part A Section 1003 (a) CFDA# 84.010A MUNIS Project Number 3204 Master Agreement Number N/A | 9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____ |
| 4 Grant Authority (Source):NCLB, Title I, Part A Section 1003(a), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85 | 10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____ |
| 5 Award Amount: \$250,000 Westport MS \$50,000; Stuart MS \$50,000; Myers MS \$50,000; Thomas Jefferson MS \$50,000; Olmsted North MS \$50,000 | 11 Evaluations: |
| 6 Period of Award: July 1, 2013 – September 30, 2014 | |
| 12 Consortia/Partnership Members: | |
| 13 Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. The final Federal Cash Request must be submitted by December 6, 2014. | |
| 14 Authorized By (Name/Title): Donna Tackett, Director <i>Division of Consolidated Plans and Audits</i> | Date: August 26, 2013 |

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|--|---|
| 1 Name and Address of Recipient: Agency Name Knox County Schools 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 # Donna Tackett–502-564-3791 Ext.4046 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard–502-564-1979 Ext.4322 Street Address 500 Mero St., 16 th Fl., CPT City, KY Zip Frankfort, KY 40601 | 8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor |
| 3 Description/Fund Source of Award and Fiscal Year: Description Title I, School Improvement Funds Fund Source Title I, Part A Section 1003 (a) CFDA# 84.010A MUNIS Project Number 3204 Master Agreement Number N/A | 9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____ |
| 4 Grant Authority (Source):NCLB, Title I, Part A Section 1003(a), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85 | 10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____ |
| 5 Award Amount: \$50,000 Knox Central HS | 11 Evaluations: |
| 6 Period of Award: July 1, 2013 – September 30, 2014 | |
| 12 Consortia/Partnership Members: | |
| 13 Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. The final Federal Cash Request must be submitted by December 6, 2014. | |
| 14 Authorized By (Name/Title): Donna Tackett, Director <i>Division of Consolidated Plans and Audits</i> | Date: August 26, 2013 |

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|---|---|
| 1 Name and Address of Recipient: Agency Name Lincoln County Schools Street Address 305 Danville Ave. 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 # Donna Tackett–502-564-3791 Ext.4046 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard–502-564-1979 Ext.4322 Street Address 500 Mero St., 16 th Fl., CPT City, KY Zip Frankfort, KY 40601 | 8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor |
| 3 Description/Fund Source of Award and Fiscal Year: Description Title I, School Improvement Funds Fund Source Title I, Part A Section 1003 (a) CFDA# 84.010A MUNIS Project Number 3204 Master Agreement Number N/A | 9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____ |
| 4 Grant Authority (Source):NCLB, Title I, Part A Section 1003(a), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85 | 10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____ |
| 5 Award Amount: \$50,000 Lincoln Co HS | 11 Evaluations: |
| 6 Period of Award: July 1, 2013 – September 30, 2014 | |
| 12 Consortia/Partnership Members: | |
| 13 Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. The final Federal Cash Request must be submitted by December 6, 2014. | |
| 14 Authorized By (Name/Title): Donna Tackett, Director <i>Division of Consolidated Plans and Audits</i> | Date: August 26, 2013 |

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|---|---|
| 1 Name and Address of Recipient: Agency Name Livingston County Schools Street Address 127 E. Adair St. 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 # Donna Tackett–502-564-3791 Ext.4046 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard–502-564-1979 Ext.4322 Street Address 500 Mero St., 16 th Fl., CPT City, KY Zip Frankfort, KY 40601 | 8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor |
| 3 Description/Fund Source of Award and Fiscal Year: Description Title I, School Improvement Funds Fund Source Title I, Part A Section 1003 (a) CFDA# 84.010A MUNIS Project Number 3204 Master Agreement Number N/A | 9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____ |
| 4 Grant Authority (Source):NCLB, Title I, Part A Section 1003(a), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85 | 10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____ |
| 5 Award Amount: \$50,000 Livingston Central HS | 11 Evaluations: |
| 6 Period of Award: July 1, 2013 – September 30, 2014 | |
| 12 Consortia/Partnership Members: | |
| 13 Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. The final Federal Cash Request must be submitted by December 6, 2014. | |
| 14 Authorized By (Name/Title): Donna Tackett, Director <i>Division of Consolidated Plans and Audits</i> | Date: August 26, 2013 |

**Kentucky Department of Education
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|---|---|
| 1 Name and Address of Recipient: Agency Name Perry County Schools 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 # Donna Tackett–502-564-3791 Ext.4046 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard–502-564-1979 Ext.4322 Street Address 500 Mero St., 16 th Fl., CPT City, KY Zip Frankfort, KY 40601 | 8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor |
| 3 Description/Fund Source of Award and Fiscal Year: Description Title I, School Improvement Funds Fund Source Title I, Part A Section 1003 (a) CFDA# 84.010A MUNIS Project Number 3204 Master Agreement Number N/A | 9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____ |
| 4 Grant Authority (Source):NCLB, Title I, Part A Section 1003(a), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85 | 10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____ |
| 5 Award Amount: \$50,000 Perry Co Central HS | 11 Evaluations: |
| 6 Period of Award: July 1, 2013 – September 30, 2014 | |
| 12 Consortia/Partnership Members: | |
| 13 Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. The final Federal Cash Request must be submitted by December 6, 2014. | |
| 14 Authorized By (Name/Title): Donna Tackett, Director <i>Division of Consolidated Plans and Audits</i> | Date: August 26, 2013 |

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Award Notification**

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|--|---|
| 1 Name and Address of Recipient: Agency Name Pulaski County Schools Street Address 501 East University Dr. 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 # Donna Tackett–502-564-3791 Ext.4046 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard–502-564-1979 Ext.4322 Street Address 500 Mero St., 16 th Fl., CPT City, KY Zip Frankfort, KY 40601 | 8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor |
| 3 Description/Fund Source of Award and Fiscal Year: Description Title I, School Improvement Funds Fund Source Title I, Part A Section 1003 (a) CFDA# 84.010A MUNIS Project Number 3204 Master Agreement Number N/A | 9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____ |
| 4 Grant Authority (Source):NCLB, Title I, Part A Section 1003(a), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85 | 10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____ |
| 5 Award Amount: \$150,000 Pulaski Co HS PLA Grant \$50,000 HUB Grant \$100,000 | 11 Evaluations: |
| 6 Period of Award: July 1, 2013 – September 30, 2014 | |
| 12 Consortia/Partnership Members: | |
| 13 Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. The final Federal Cash Request must be submitted by December 6, 2014. | |
| 14 Authorized By (Name/Title): Donna Tackett, Director <i>Division of Consolidated Plans and Audits</i> | Date: August 26, 2013 |

**Kentucky Department of Education
Award Notification**

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|--|---|
| 1 Name and Address of Recipient: Agency Name Simpson County Schools Street Address 430 S. College St. City, State Zip Franklin, KY 42134 | 7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____ |
| 2 KDE Contact Information: Program Consultant – Phone # Donna Tackett–502-564-3791 Ext.4046 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard–502-564-1979 Ext.4322 Street Address 500 Mero St., 16 th Fl., CPT City, KY Zip Frankfort, KY 40601 | 8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor |
| 3 Description/Fund Source of Award and Fiscal Year: Description Title I, School Improvement Funds Fund Source Title I, Part A Section 1003 (a) CFDA# 84.010A MUNIS Project Number 3204 Master Agreement Number N/A | 9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____ |
| 4 Grant Authority (Source):NCLB, Title I, Part A Section 1003(a), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85 | 10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____ |
| 5 Award Amount: \$150,000 Franklin Simpson HS PLA Grant \$50,000 HUB Grant \$100,000 | 11 Evaluations: |
| 6 Period of Award: July 1, 2013 – September 30, 2014 | |
| 12 Consortia/Partnership Members: | |
| 13 Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. The final Federal Cash Request must be submitted by December 6, 2014. | |
| 14 Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits Date: August 26, 2013 | |

**Kentucky Department of Education
Award Notification**

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|---|---|
| 1 Name and Address of Recipient: Agency Name Trimble County Schools Street Address 68 Wentworth Ave 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 # Donna Tackett–502-564-3791 Ext.4046 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact – Phone # Judy Howard–502-564-1979 Ext.4322 Street Address 500 Mero St., 16 th Fl., CPT City, KY Zip Frankfort, KY 40601 | 8 Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor |
| 3 Description/Fund Source of Award and Fiscal Year: Description Title I, School Improvement Funds Fund Source Title I, Part A Section 1003 (a) CFDA# 84.010A MUNIS Project Number 3204 Master Agreement Number N/A | 9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____ |
| 4 Grant Authority (Source): NCLB, Title I, Part A Section 1003(a), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85 | 10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____ |
| 5 Award Amount: \$50,000 Trimble Co HS | 11 Evaluations: |
| 6 Period of Award: July 1, 2013 – September 30, 2014 | |
| 12 Consortia/Partnership Members: | |
| 13 Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. The final Federal Cash Request must be submitted by December 6, 2014. | |
| 14 Authorized By (Name/Title): Donna Tackett, Director <i>Division of Consolidated Plans and Audits</i> | Date: August 26, 2013 |



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KENTUCKY DEPARTMENT OF EDUCATION