





**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name Boyd County Schools Street Address 1104 Bob McCullough Dr City, State Zip Ashland, KY 41102	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant Monica Shack (Ext 4052) or Monica Murphy (Ext 4050); (502) 564-3791 Street Address 500 Mero Street, 18 <sup>th</sup> Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description FY14 Delinquent Fund Source Title I, Part D, Subpart 2 CFDA# 84.010A PR/AWARD NUMBER (FAIN) S010A140017 MUNIS Project Number 314A MOA Number N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source): U. S. Department of Education NCLB, Title I, Part A; 34CFR 200; 34 CFR EDGAR Parts 76, 77, 80, 81, 82 and 87.</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount: \$185,860.00</b>	<b>11 Evaluations:</b>
<b>6 Period of Award:</b> July 1, 2014 – September 30, 2016	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions: All funds must be spent or encumbered by September 30, 2016. The final Federal Cash Request must be submitted by December 10, 2016.</b>	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans & Audits	<b>Date:</b> October 6, 2014



**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name Christian County Schools Street Address PO Box 609 City, State Zip Hopkinsville, KY 42241	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant Monica Shack (Ext 4052) or Monica Murphy (Ext 4050); (502) 564-3791 Street Address 500 Mero Street, 18 <sup>th</sup> Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description FY14 Delinquent Fund Source Title I, Part D, Subpart 2 CFDA# 84.010A PR/AWARD NUMBER (FAIN) S010A140017 MUNIS Project Number 314A MOA Number N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source): U. S. Department of Education NCLB, Title I, Part A; 34CFR 200; 34 CFR EDGAR Parts 76, 77, 80, 81, 82 and 87.</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount: \$121,270.00</b>	<b>11 Evaluations:</b>
<b>6 Period of Award:</b> July 1, 2014 – September 30, 2016	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions: All funds must be spent or encumbered by September 30, 2016. The final Federal Cash Request must be submitted by December 10, 2016.</b>	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans & Audits	<b>Date:</b> October 6, 2014









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<b>1 Name and Address of Recipient:</b> Agency Name Jackson County Schools Street Address PO Box 217 City, State Zip McKee, KY 40447	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant Monica Shack (Ext 4052) or Monica Murphy (Ext 4050); (502) 564-3791 Street Address 500 Mero Street, 18 <sup>th</sup> Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description FY14 Delinquent Fund Source Title I, Part D, Subpart 2 CFDA# 84.010A PR/AWARD NUMBER (FAIN) S010A140017 MUNIS Project Number 314A MOA Number N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source): U. S. Department of Education NCLB, Title I, Part A; 34CFR 200; 34 CFR EDGAR Parts 76, 77, 80, 81, 82 and 87.</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount: \$19,772.00</b>	<b>11 Evaluations:</b>
<b>6 Period of Award:</b> July 1, 2014 – September 30, 2016	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions: All funds must be spent or encumbered by September 30, 2016. The final Federal Cash Request must be submitted by December 10, 2016.</b>	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans & Audits	<b>Date:</b> October 6, 2014









**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name Middlesboro Independent Schools Street Address PO Box 959 City, State Zip Middlesboro, KY 40965	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant Monica Shack (Ext 4052) or Monica Murphy (Ext 4050); (502) 564-3791 Street Address 500 Mero Street, 18 <sup>th</sup> Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description FY14 Delinquent Fund Source Title I, Part D, Subpart 2 CFDA# 84.010A PR/AWARD NUMBER (FAIN) S010A140017 MUNIS Project Number 314A MOA Number N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source): U. S. Department of Education NCLB, Title I, Part A; 34CFR 200; 34 CFR EDGAR Parts 76, 77, 80, 81, 82 and 87.</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount: \$13,182.00</b>	<b>11 Evaluations:</b>
<b>6 Period of Award:</b> July 1, 2014 – September 30, 2016	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions: All funds must be spent or encumbered by September 30, 2016. The final Federal Cash Request must be submitted by December 10, 2016.</b>	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans & Audits	<b>Date:</b> October 6, 2014



**Kentucky Department of Education  
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<b>1 Name and Address of Recipient:</b> Agency Name Murray Independent Schools Street Address 208 S 13th St City, State Zip Murray, KY 42071	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant Monica Shack (Ext 4052) or Monica Murphy (Ext 4050); (502) 564-3791 Street Address 500 Mero Street, 18 <sup>th</sup> Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description FY14 Delinquent Fund Source Title I, Part D, Subpart 2 CFDA# 84.010A PR/AWARD NUMBER (FAIN) S010A140017 MUNIS Project Number 314A MOA Number N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source): U. S. Department of Education NCLB, Title I, Part A; 34CFR 200; 34 CFR EDGAR Parts 76, 77, 80, 81, 82 and 87.</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount: \$5,273.00</b>	<b>11 Evaluations:</b>
<b>6 Period of Award:</b> July 1, 2014 – September 30, 2016	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions: All funds must be spent or encumbered by September 30, 2016. The final Federal Cash Request must be submitted by December 10, 2016.</b>	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans & Audits	<b>Date:</b> October 6, 2014



**Kentucky Department of Education  
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<b>1 Name and Address of Recipient:</b> Agency Name Pulaski County Schools Street Address PO Box 1055 City, State Zip Somerset, KY 42502	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant Monica Shack (Ext 4052) or Monica Murphy (Ext 4050); (502) 564-3791 Street Address 500 Mero Street, 18 <sup>th</sup> Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description FY14 Delinquent Fund Source Title I, Part D, Subpart 2 CFDA# 84.010A PR/AWARD NUMBER (FAIN) S010A140017 MUNIS Project Number 314A MOA Number N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source): U. S. Department of Education NCLB, Title I, Part A; 34CFR 200; 34 CFR EDGAR Parts 76, 77, 80, 81, 82 and 87.</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount: \$80,408.00</b>	<b>11 Evaluations:</b>
<b>6 Period of Award:</b> July 1, 2014 – September 30, 2016	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions: All funds must be spent or encumbered by September 30, 2016. The final Federal Cash Request must be submitted by December 10, 2016.</b>	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans & Audits	<b>Date:</b> October 6, 2014





**Kentucky Department of Education  
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<b>1 Name and Address of Recipient:</b> Agency Name Somerset Independent Schools Street Address 305 N College St City, State Zip Somerset, KY 42502	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant Monica Shack (Ext 4052) or Monica Murphy (Ext 4050); (502) 564-3791 Street Address 500 Mero Street, 18 <sup>th</sup> Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description FY14 Delinquent Fund Source Title I, Part D, Subpart 2 CFDA# 84.010A PR/AWARD NUMBER (FAIN) S010A140017 MUNIS Project Number 314A MOA Number N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source): U. S. Department of Education NCLB, Title I, Part A; 34CFR 200; 34 CFR EDGAR Parts 76, 77, 80, 81, 82 and 87.</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount: \$15,818.00</b>	<b>11 Evaluations:</b>
<b>6 Period of Award:</b> July 1, 2014 – September 30, 2016	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions: All funds must be spent or encumbered by September 30, 2016. The final Federal Cash Request must be submitted by December 10, 2016.</b>	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans & Audits	<b>Date:</b> October 6, 2014







**Kentucky Department of Education  
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<b>1 Name and Address of Recipient:</b> Agency Name Woodford County Schools Street Address 330 Pisgah Pk City, State Zip Versailles, KY 40383	<b>7 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant Monica Shack (Ext 4052) or Monica Murphy (Ext 4050); (502) 564-3791 Street Address 500 Mero Street, 18 <sup>th</sup> Floor CPT Budget Contact Judy Howard; (502) 564-1979 Ext. 4322 Street Address 500 Mero Street, 16 <sup>th</sup> Floor CPT City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <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
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description FY14 Delinquent Fund Source Title I, Part D, Subpart 2 CFDA# 84.010A PR/AWARD NUMBER (FAIN) S010A140017 MUNIS Project Number 314A MOA Number N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4 Grant Authority (Source): U. S. Department of Education NCLB, Title I, Part A; 34CFR 200; 34 CFR EDGAR Parts 76, 77, 80, 81, 82 and 87.</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other _____
<b>5 Award Amount: \$17,135.00</b>	<b>11 Evaluations:</b>
<b>6 Period of Award:</b> July 1, 2014 – September 30, 2016	
<b>12 Consortia/Partnership Members:</b>	
<b>13 Special Instructions/Conditions: All funds must be spent or encumbered by September 30, 2016. The final Federal Cash Request must be submitted by December 10, 2016.</b>	
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans & Audits	<b>Date:</b> October 6, 2014