1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Christian County			State
	Street Address 200 Glas	s Street	1	Federal
	City, State Zip Hopkins	s Street ville, KY 42240		Other:
	DUNS# 0796745	29	7	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Tara Rodriguez (502) 564-3791 ext. 4042		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5 <sup>th</sup> Floor		Automatic Payment
	Budget Contact	Vickie Terry (502) 564-1979 ext. 4330		Lump Sum
	Street Address	300 Sower Boulevard, 5 <sup>th</sup> Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children =	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	FY18 Title I School Improvement Grant (SIG)		Quarterly
	Fund Source	Title I, Part A Section 1003(g)		Other
	CFDA#	84.377A		
	PR/AWARD NUMBER (FAIN)	S377A160018		
	MUNIS Project Number	460C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission
	Pass-through Number	3100302-16		
				Other Quarterly MUNIS reports must be emailed to
				Vickie Terry at Vickie.terry@education.ky.gov. A
				report for each school must be submitted.
4	- 1	le I, Part A Section 1003(g), <u>34 CFR PART 200</u> and the		
	•	al Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
	· · · · · · · · · · · · · · · · · · ·	m Administrative Requirements, Cost Principles, and Audit		141
	Requirements for Federal Aw	ards in 2 CFR Part 200 and 3474.	d	un en
5	REVISED Period of Award: \$5	62,257.00	11	Evaluations:
	Christian Co HS			
6	REVISED Period of Award:			
	July 1, 2017 – September 30,	2021	0	
12	Consortia/Partnership Members:		1	
13	REVISED Special Instructions/Conditions: All fund must be encumbered for activities through Se			ptember 30, 2021 by the end of the grant period. The final Federal
	Cash Request must be submi	tted by November 19, 2021.		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: February 19, 2021
	Division of School and Program Improvement			

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Dayton Independent		State
	Street Address 200 Clay Street	1	
	Street Address 200 Clay Street City, State Zip Dayton, KY 41074		Other:
	DUNS# 049154883	7	16
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant Tara Rodriguez (502) 564-3791 ext. 4042		Expenditure Reimbursement
	Street Address 300 Sower Boulevard, 5 <sup>th</sup> Floor		Automatic Payment
	Budget Contact Vickie Terry (502) 564-1979 ext. 4330		Lump Sum
	Street Address 300 Sower Boulevard, 5 <sup>th</sup> Floor		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children Children	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY18 Title I School Improvement Grant (SIG)	1/2	Quarterly
	Fund Source Title I, Part A Section 1003(g)		Other
	CFDA# 84.377A		
	PR/AWARD NUMBER (FAIN) S377A160018		
	MUNIS Project Number 460C	10	Financial Reporting Method:
	MOA Number N/A		Electronic Submission
	Pass-through Number 3100302-16		
			Other Quarterly MUNIS reports must be emailed to
			Vickie Terry at Vickie.terry@education.ky.gov. A
			report for each school must be submitted.
4	Grant Authority (Source): Title I, Part A Section 1003(g), 34 CFR PART 200 and the		
	Education Department General Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
	77, 81 and 82, and the <u>Uniform Administrative Requirements</u> , Cost Principles, and Audit		1.1
	Requirements for Federal Awards in 2 CFR Part 200 and 3474.	ea	tn –
5	REVISED Award Amount: \$692,145.00	11	Evaluations:
	Dayton HS, 392,552; Dayton MS, 299,593		
6	REVISED Period of Award:	. 0.	
	July 1, 2017 – September 30, 2021	-4	
12	Consortia/Partnership Members:		
13	REVISED Special Instructions/Conditions: All fund must be encumbered for activities thr	ough Se	ptember 30, 2021 by the end of the grant period. The final Federal
	Cash Request must be submitted by November 19, 2021.		
14	Authorized By (Name/Title): Tara Rodriguez, Director		Date: February 19, 2021
	Division of School and Program Improvement		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Fleming County			State
	Street Address 211 W. V	Water Street	1	Federal
	City, State Zip Flemings	Water Street Sburg, KY 41041		Other:
	DUNS# 1015032	90	7	
			8	Method of Payment:
2	KDE Contact Information:	KDE Contact Information:		Federal Cash Request
	Program Consultant	Tara Rodriguez (502) 564-3791 ext. 4042		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5 <sup>th</sup> Floor		Automatic Payment
	Budget Contact	Vickie Terry (502) 564-1979 ext. 4330		Lump Sum
	Street Address	300 Sower Boulevard, 5 <sup>th</sup> Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children =	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18 Title I School Improvement Grant (SIG)		Quarterly
	Fund Source	Title I, Part A Section 1003(g)		Other
	CFDA#	84.377A		
	PR/AWARD NUMBER (FAIN)	S377A160018		
	MUNIS Project Number	460C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission
	Pass-through Number	310 <mark>0302-16</mark>		
				Other Quarterly MUNIS reports must be emailed to
				Vickie Terry at Vickie.terry@education.ky.gov. A
				report for each school must be submitted.
4	- 1	le I, Part A Section 1003(g), <u>34 CFR PART 200</u> and the		
	·	al Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
		m Administrative Requirements, Cost Principles, and Audit		141
	Requirements for Federal Aw	ards in 2 CFR Part 200 and 3474.	d	un
5	REVISED Period of Award: \$4	147,570.00	11	Evaluations:
	Fleming Co HS			
6	REVISED Period of Award:			
	July 1, 2017 – September 30,	2021		
12	Consortia/Partnership Members:		K	
13	REVISED Special Instructions/Conditions: All fund must be encumbered for activities through			ptember 30, 2021 by the end of the grant period. The final Federal
	Cash Request must be submi			
14	Authorized By (Name/Title): Tara Rodriguez, Director			Date: February 19, 2021
	Division of School and Program Improvement			

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Hopkins County			State
	Street Address 320 S. Se	eminary Street	1	Federal
	City, State Zip Madisor	eminary Street eville, KY 42431		Other:
	DUNS# 1006501	.75	7	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Tara Rodriguez (502) 564-3791 ext. 4042		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5 <sup>th</sup> Floor		Automatic Payment
	Budget Contact	Vickie Terry (502) 564-1979 ext. 4330		Lump Sum
	Street Address	300 Sower Boulevard, 5 <sup>th</sup> Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children =	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18 Title I School Improvement Grant (SIG)		Quarterly
	Fund Source	Title I, Part A Section 1003(g)		Other
	CFDA#	84.377A		
	PR/AWARD NUMBER (FAIN)	S377A160018		
	MUNIS Project Number	460C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission
	Pass-through Number	3100302-16		
				Other Quarterly MUNIS reports must be emailed to
				Vickie Terry at Vickie.terry@education.ky.gov. A
				report for each school must be submitted.
4	- 1	tle I, Part A Section 1003(g), <u>34 CFR PART 200</u> and the		
	·	al Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
		m Administrative Requirements, Cost Principles, and Audit		141
	Requirements for Federal Aw	ards in 2 CFR Part 200 and 3474.	a	tin ,
5	REVISED Period of Award: \$5	48,663	11	Evaluations:
	Hopkins Central HS			
6	REVISED Period of Award:			
	July 1, 2017 – September 30,	2021	0	
12	Consortia/Partnership Members:		1	
13	REVISED Special Instructions/Conditions: All fund must be encumbered for activities through S			ptember 30, 2021 by the end of the grant period. The final Federal
	Cash Request must be submi	tted by November 19, 2021.		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		<b>Date:</b> April 28, 2021
	Division of School and Program Improvement			

1	Name and Address of Recipion	ent:	7	Fund Type:
	Agency Name Jefferso	n County		State
	Street Address 3332 Ne	wburg Road	1	Federal
	City, State Zip Louisvill	ey KY 34020		Other:
	DUNS# 0629844	130	-	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request Expenditure Reimbursement
	Program Consultant	Tara Rodriguez (502) 564-3791 ext. 4042		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5 <sup>th</sup> Floor		Automatic Payment
	Budget Contact	Vickie Terry (502) 564-1979 ext. 4330		Lump Sum
	Street Address	300 Sower Boulevard, 5 <sup>th</sup> Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children =	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY18 Title I School Improvement Grant (SIG)		Quarterly
	Fund Source	Title I, Part A Section 1003(g)		Other
	CFDA#	84.377A		
	PR/AWARD NUMBER (FAIN)	S377A160018		
	MUNIS Project Number	460C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission
	Pass-through Number	3100 <mark>30</mark> 2-16		
				Other Quarterly MUNIS reports must be emailed to
				Vickie Terry at Vickie.terry@education.ky.gov. A
				report for each school must be submitted.
4		tle I, Part A Section 1003(g), 34 CFR PART 200 and the		
		ral Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
		m Administrative Requirements, Cost Principles, and Audit		141
	Requirements for Federal Aw	ards in 2 CFR Part 200 and 3474.	d	un en
5	T	<b>3,610,954.00</b> Southern HS, 267,560; Doss HS, 231,626;	11	Evaluations:
		lefferson MS, 353,937; Westport MS, 205,538; Iroquois HS,		
		231,642; Western HS, 441,820; Seneca HS, 216,879		
		MS, 314,055; Shawnee HS, 324,061; Western MS, 205,066	0. 7	
6	<b>REVISED Period of Award:</b>	501100	-4	
	July 1, 2017 – September 30,			
12	Consortia/Partnership Members:			
13	<u> </u>		ugh Se	ptember 30, 2021 by the end of the grant period. The final Federal
	Cash Request must be submitted by November 19, 2021.			
14	Authorized By (Name/Title):	<b>3</b> ,		<b>Date:</b> April 28, 2021
	Division of School and Program Improvement			

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Livingston County			State
	Street Address 127 E. A	dair Street	1	Federal
	City, State Zip Smithlar	dair Street dd, KY 42081		Other:
	DUNS# 0404269	000	7	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Tara Rodriguez (502) 564-3791 ext. 4042		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5 <sup>th</sup> Floor		Automatic Payment
	Budget Contact	Vickie Terry (502) 564-1979 ext. 4330		Lump Sum
	Street Address	300 Sower Boulevard, 5 <sup>th</sup> Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children =	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY18 Title I School Improvement Grant (SIG)		Quarterly
	Fund Source	Title I, Part A Section 1003(g)		Other
	CFDA#	84.377A		
	PR/AWARD NUMBER (FAIN)	S377A160018		
	MUNIS Project Number	460C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission
	Pass-through Number	3100302-16		
				Other Quarterly MUNIS reports must be emailed to
				Vickie Terry at Vickie.terry@education.ky.gov. A
				report for each school must be submitted.
4	- 1	le <mark>I, Part A Section 1</mark> 003(g), <u>34 CFR PART 200</u> and the		
	•	al Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
	· · · · · · · · · · · · · · · · · · ·	m Administrative Requirements, Cost Principles, and Audit		141
	Requirements for Federal Aw	ards in 2 CFR Part 200 and 3474.	a	tin
5	REVISED Award Amount: \$5	50,493	11	Evaluations:
	Livingston Central HS			
6	REVISED Period of Award:			
	July 1, 2017 – September 30,			
12	Consortia/Partnership Members:		K	
13	REVISED Special Instructions/Conditions: All fund must be encumbered for activities through			ptember 30, 2021 by the end of the grant period. The final Federal
	Cash Request must be submi			
14	Authorized By (Name/Title):	<i>S</i> ,		<b>Date</b> : April 28, 2021
	Division of School and Program Improvement			

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name Metcalfo	e County	The same of the sa	State	
	Street Address 109 Sart	in Drive	1		
	City, State Zip Edmont	in Drive on, KY 42129		Other:	
	DUNS# 8089273	183	-	46	
			8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant	Tara Rodriguez (502) 564-3791 ext. 4042		Expenditure Reimbursement	
	Street Address	300 Sower Boulevard, 5 <sup>th</sup> Floor		Automatic Payment	
	Budget Contact	Vickie Terry (502) 564-1979 ext. 4330		Lump Sum	
	Street Address	300 Sower Boulevard, 5 <sup>th</sup> Floor		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
		Children	9	Reimbursement Frequency:	
3	Description/Fund Source of	Award and Fiscal Year:		Monthly	
	Description	FY18 Title I School Improvement Grant (SIG)		Quarterly	
	Fund Source	Title I, Part A Section 1003(g)		Other	
	CFDA#	84.377A			
	PR/AWARD NUMBER (FAIN)	S377A160018			
	MUNIS Project Number	460C	10	Financial Reporting Method:	
	MOA Number	N/A		Electronic Submission	
	Pass-through Number	3100302-16			
				Other Quarterly MUNIS reports must be emailed to	
				Vickie Terry at Vickie.terry@education.ky.gov. A	
				report for each school must be submitted.	
4	Grant Authority (Source): Ti	le I, Part A Section 1003(g), 34 CFR PART 200 and the			
	·	al Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,			
		m Administrative Requirements, Cost Principles, and Audit		1.1.	
	Requirements for Federal Aw	ards in 2 CFR Part 200 and 3474.	ea	itn Amerika	
_	DELUCED D		44		
5	REVISED Period of Award: \$6	<del>1</del> 14,172	11	Evaluations:	
_	Metcalfe Co HS				
6	REVISED Period of Award:				
12	July 1, 2017 – September 30, 2021				
	Consortia/Partnership Members:			return by 20, 2024 by the and of the group maried. The first field and	
13			ougn Se	ptember 30, 2021 by the end of the grant period. The final Federal	
14	Cash Request must be submitted by November 19, 2021.  Authorized By (Name/Title): Tara Rodriguez, Director  Date: April 28, 2021			Date: April 28, 2021	
14	Authorized by (Name/ little):	<u> </u>		<b>Date:</b> April 20, 2021	
	Division of School and Program Improvement				

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Pulaski (	County	The same of the sa	State
	Street Address 501 E. U	niversity Drive	1	
	City, State Zip Somerse	niversity Drive		Other:
	DUNS# 7889595	91	-	16
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Tara Rodriguez (502) 564-3791 ext. 4042		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5 <sup>th</sup> Floor		Automatic Payment
	Budget Contact	Vickie Terry (502) 564-1979 ext. 4330		Lump Sum
	Street Address	300 Sower Boulevard, 5 <sup>th</sup> Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children ==	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY18 Title I School Improvement Grant (SIG)		Quarterly
	Fund Source	Title I, Part A Section 1003(g)		Other
	CFDA#	84.377A		
	PR/AWARD NUMBER (FAIN)	S377A160018		
	MUNIS Project Number	460C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission
	Pass-through Number	3100302-16		
				Other Quarterly MUNIS reports must be emailed to
				Vickie Terry at Vickie.terry@education.ky.gov. A
				report for each school must be submitted.
4		le I, Part A Section 1003(g), <u>34 CFR PART 200</u> and the		
		al Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
		m Administrative Requirements, Cost Principles, and Audit		141
	Requirements for Federal Aw	ards in 2 CFR Part 200 and 3474.	d	un
5	REVISED Period of Award: \$4	194,295	11	Evaluations:
	Pulaski Co HS			
6	REVISED Period of Award:			
	July 1, 2017 – September 30,	2021	0	
12	Consortia/Partnership Members:		17	
13	REVISED Special Instructions	<b>Conditions:</b> All fund must be encumbered for activities thro	ough Se	ptember 30, 2021 by the end of the grant period. The final Federal
	Cash Request must be submi	tted by November 19, 2021.		
14	Authorized By (Name/Title):	Tara Rodriguez, Director		Date: February 19, 2021
	Division of School and Program Improvement			

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Simpson County			State
	Street Address 430 S. Co	ollege Street	1	Federal
	City, State Zip Franklin,	bllege Street KY 42134		Other:
	DUNS# 1000279	52	7	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Tara Rodriguez (502) 564-3791 ext. 4042		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5 <sup>th</sup> Floor		Automatic Payment
	Budget Contact	Vickie Terry (502) 564-1979 ext. 4330		Lump Sum
	Street Address	300 Sower Boulevard, 5 <sup>th</sup> Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children =	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	FY18 Title I School Improvement Grant (SIG)		Quarterly
	Fund Source	Title I, Part A Section 1003(g)		Other
	CFDA#	84.377A		
	PR/AWARD NUMBER (FAIN)	S377A160018		
	MUNIS Project Number	460C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission
	Pass-through Number	3100302-16		
				Other Quarterly MUNIS reports must be emailed to
				Vickie Terry at Vickie.terry@education.ky.gov. A
				report for each school must be submitted.
4	- 1	le I, Part A Section 1003(g), <u>34 CFR PART 200</u> and the		
	·	al Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
		m Administrative Requirements, Cost Principles, and Audit		141
	Requirements for Federal Aw	ards in 2 CFR Part 200 and 3474.	a	tin Anna Paris
5	REVISED Period of Award: \$!	579,113	11	Evaluations:
	Franklin-Simpson HS			
6	REVISED Period of Award:			
	July 1, 2017 – September 30,	2021	0	
12	Consortia/Partnership Members:		K	
13	REVISED Special Instructions	Conditions: All fund must be encumbered for activities thro	ugh Se	ptember 30, 2021 by the end of the grant period. The final Federal
	Cash Request must be submi			
14	Authorized By (Name/Title):	<i>G</i> ,		<b>Date:</b> April 28, 2021
	Division of School and Program Improvement			