

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Adair County Street Address 1204 Greensburg Street City, State Zip Columbia, KY 42728	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	
<b>5</b>	<b>Award Amount: \$43,095.00</b>	
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	
<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other	
<b>11</b>	<b>Evaluations:</b> Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.	

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<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Allen County Street Address    570 Oliver Street City, State Zip    Scottsville, KY 42164	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source):</b> KRS 158.4416	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount:</b> \$43,095.00	<b>11</b>	<b>Evaluations:</b> Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
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<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Anchorage Ind. Street Address 11400 Ridge Road City, State Zip Anchorage, KY 40223	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source):</b> KRS 158.4416	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount:</b> \$43,095.00	<b>11 Evaluations:</b> Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Anderson County Street Address    1160 By Pass North City, State Zip    Lawrenceburg, KY 40342	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source):</b> KRS 158.4416	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount:</b> \$43,095.00	<b>11</b>	<b>Evaluations:</b> Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <span style="float: right;"><b>Date:</b> June 29, 2022</span>		



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<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Ashland Ind. Street Address 1420 Central Ave City, State Zip Ashland, KY 41101	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
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<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Augusta Ind. Street Address 307 Bracken Street City, State Zip Augusta, KY 41002	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

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<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Ballard County Street Address    3465 Paducah Road City, State Zip    Barlow, KY 42024	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	<b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
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<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Barbourville Ind. Street Address    140 School Street City, State Zip    Barbourville, KY 40906	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <span style="float: right;"><b>Date:</b> June 29, 2022</span>		

**Kentucky Department of Education  
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<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Bardstown Ind. Street Address 308 N Fifth Street City, State Zip Bardstown, KY 40004	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Barren County Street Address 202 West Washington Street City, State Zip Glasgow, KY 42141	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	
<b>5</b>	<b>Award Amount: \$43,095.00</b>	
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	
<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other	<b>11 Evaluations:</b> Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.	



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Bath County Street Address 405 W Main Street City, State Zip Owingsville, KY 40360	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Beechwood Ind. Street Address    50 Beechwood Road City, State Zip    Fort Mitchell, KY 41017	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
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<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Bell County Street Address 211 Virginia Ave City, State Zip Pineville, KY 40977	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
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<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Bellevue Ind. Street Address    219 Center Street City, State Zip    Bellevue, KY 41073	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Berea Ind. Street Address    3 Pirate Parkway City, State Zip    Berea, KY 40403	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address                        300 Sower Blvd Budget Contact – Phone #        Nicole Crosthwaite Street Address                        300 Sower Blvd City, KY Zip                            Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description                            School Based Mental Health Care Provider  Fund Source                            State General Funds CFDA#                                    N/A MUNIS Project Number            14MJ Master Agreement Number        N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source):</b> KRS 158.4416	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount:</b> \$43,095.00	<b>11 Evaluations:</b> Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Boone County Street Address 8330 US 42 City, State Zip Florence, KY 41042	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Bourbon County Street Address 3343 Lexington Road City, State Zip Paris, KY 40361	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Bowling Green Ind. Street Address 1211 Center Street City, State Zip Bowling Green, KY 42101	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Boyd County Street Address    1104 Bob McCullough Drive City, State Zip    Ashland, KY 41102	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	<b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Boyle County Street Address 352 N Danville By-Pass City, State Zip Danville, KY 40422	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	
<b>5</b>	<b>Award Amount: \$43,095.00</b>	
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	<b>Date:</b> June 29, 2022
<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Bracken County Street Address    348 West Miami Street City, State Zip    Brooksville, KY 41004	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Breathitt County Street Address    420 Court Street City, State Zip    Jackson, KY 41339	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Breckinridge County Street Address 86 Airport Road City, State Zip Hardinsburg, KY 40143	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Bullitt County Street Address 1040 Hwy 44 E City, State Zip Shepherdsville, KY 40165	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Burgin Ind. Street Address    140 Danville Road City, State Zip    Burgin, KY 40310	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source):</b> KRS 158.4416	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount:</b> \$43,095.00	<b>11 Evaluations:</b> Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	
		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Butler County Street Address 203 N Tyler Street City, State Zip Morgantown, KY 42261	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Caldwell County Street Address 612 West Washington Street City, State Zip Princeton, KY 42445	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Calloway County Street Address 2110 College Farm Road City, State Zip Murray, KY 42071	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	
<b>5</b>	<b>Award Amount: \$43,095.00</b>	
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	
<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other	
<b>11</b>	<b>Evaluations:</b> Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.	



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Campbell County Street Address    101 Orchard Lane City, State Zip    Alexandria, KY 41001	<b>7</b> <b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b> <b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b> <b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source):</b> KRS 158.4416	<b>10</b> <b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount:</b> \$43,095.00	<b>11</b> <b>Evaluations:</b> Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name   Campbellsville Ind. Street Address   136 S Columbia Avenue City, State Zip   Campbellsville, KY 42718	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #   Christina Weeter Street Address                       300 Sower Blvd Budget Contact – Phone #       Nicole Crosthwaite Street Address                       300 Sower Blvd City, KY Zip                           Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description                       School Based Mental Health Care Provider Fund Source                       State General Funds CFDA#                               N/A MUNIS Project Number       14MJ Master Agreement Number   N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Carlisle County Street Address 4557 State Rt 1377 City, State Zip Bardwell, KY 42023	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Carroll County Street Address    813 Hawkins Street City, State Zip    Carrollton, KY 41008	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name Carter County Street Address 228 S Carol Malone Blvd. City, State Zip Grayson, KY 41143	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4 Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5 Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6 Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12 Consortia/Partnership Members: N/A</b>	
<b>13 Special Instructions/Conditions:</b>	
<b>14 Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Casey County Street Address 1922 N Us 127 City, State Zip Liberty, KY 42539	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name   Caverna Ind. Street Address   1102 N Dixie Hwy City, State Zip   Cave City, KY 42127	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #   Christina Weeter Street Address                       300 Sower Blvd Budget Contact – Phone #       Nicole Crosthwaite Street Address                       300 Sower Blvd City, KY Zip                           Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description                       School Based Mental Health Care Provider Fund Source                       State General Funds CFDA#                               N/A MUNIS Project Number       14MJ Master Agreement Number   N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Christian County Street Address    200 Glass Avenue City, State Zip    Hopkinsville, KY 42240	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Clark County Street Address    1600 W Lexington Avenue City, State Zip    Winchester, KY 40391	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	<b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Clay County Street Address    128 Richmond Road City, State Zip    Manchester, KY 40962	<b>7</b> <b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b> <b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b> <b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source):</b> KRS 158.4416	<b>10</b> <b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount:</b> \$43,095.00	<b>11</b> <b>Evaluations:</b> Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Clinton County Street Address    2353 Business 127 N City, State Zip    Albany, KY 42602	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Corbin Ind. Street Address    108 Roy Kidd Avenue City, State Zip    Corbin, KY 40701	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	<b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Covington Ind. Street Address 25 E Seventh Street City, State Zip Covington, KY 41011	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Crittenden County Street Address    601 W Elm Street City, State Zip    Marion, KY 42064	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source):</b> KRS 158.4416	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount:</b> \$43,095.00	<b>11</b>	<b>Evaluations:</b> Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Cumberland County Street Address 810 N Main Street City, State Zip Burkesville, KY 42717	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	
<b>5</b>	<b>Award Amount: \$43,095.00</b>	
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	
<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other	
<b>11</b>	<b>Evaluations:</b> Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Danville Ind. Street Address    152 E. Martin Luther King Blvd. City, State Zip    Danville, KY 40422	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Daviess County Street Address    1622 Southeastern Parkway City, State Zip    Owensboro, KY 42303	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	<b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Dawson Springs Ind. Street Address 118 E Arcadia Avenue City, State Zip Dawson Springs, KY 42408	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Dayton Ind. Street Address 200 Clay Street City, State Zip Dayton, KY 41074	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name East Bernstadt Ind. Street Address 296 East Highway 3094 City, State Zip East Bernstadt, KY 40729	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Edmonson County Street Address 100 Wildcat Way City, State Zip Brownsville, KY 42210	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Elizabethtown Ind. Street Address    219 Helm Street City, State Zip    Elizabethtown, KY 42701	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Elliott County Street Address P.O. Box 767 City, State Zip Sandy Hook, KY 41171	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Eminence Ind. Street Address 291 West Broadway Street City, State Zip Eminence, KY 40019	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Erlanger-Elsmere Ind. Street Address 500 Graves Avenue City, State Zip Erlanger, KY 41018	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Estill County Street Address 253 Main Street City, State Zip Irvine, KY 40336	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	
<b>5</b>	<b>Award Amount: \$43,095.00</b>	
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	
<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other	
<b>11</b>	<b>Evaluations:</b> Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Fairview Ind. Street Address 2100 Main Street City, State Zip Ashland, KY 41102	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Fayette County Street Address    701 East Main Street City, State Zip    Lexington, KY 40505	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	<b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Fleming County Street Address 211 W Water Street City, State Zip Flemingsburg, KY 41041	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Fort Thomas Ind. Street Address 28 N Ft Thomas Avenue City, State Zip Fort Thomas, KY 41075	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Frankfort Ind. Street Address 959 Leestown Lane City, State Zip Frankfort, KY 40601	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Franklin County Street Address 190 Kings Daughters Drive #300 City, State Zip Frankfort, KY 40601	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Fulton County Street Address    2780 Moscow Avenue City, State Zip    Hickman, KY 42050	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source):</b> KRS 158.4416	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount:</b> \$43,095.00	<b>11</b>	<b>Evaluations:</b> Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Fulton Ind. Street Address    304 West State Line City, State Zip    Fulton, KY 42041	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source):</b> KRS 158.4416	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount:</b> \$43,095.00	<b>11</b>	<b>Evaluations:</b> Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Gallatin County Street Address    600 E Main Street City, State Zip    Warsaw, KY 41095	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Garrard County Street Address 322 West Maple Avenue City, State Zip Lancaster, KY 40444	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Glasgow Ind. Street Address 711 S. L. Rogers Wells Blvd. City, State Zip Glasgow, KY 42142	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Grant County Street Address 820 Arnie Risen Boulevard City, State Zip Williamstown, KY 41097	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Graves County Street Address 2290 State Rt 121 N. City, State Zip Mayfield, KY 42066	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Grayson County Street Address    790 Shaw Station Road City, State Zip    Leitchfield, KY 42755	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Green County Street Address 206 West Court Street City, State Zip Greensburg, KY 42743	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Greenup County Street Address    45 Musketeer Drive City, State Zip    Greenup, KY 41144	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	<b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Hancock County Street Address    83 State Route 3543 City, State Zip    Hawesville, KY 42348	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Hardin County Street Address    65 W A Jenkins Road City, State Zip    Elizabethtown, KY 42701	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source):</b> KRS 158.4416	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount:</b> \$43,095.00	<b>11</b>	<b>Evaluations:</b> Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Harlan County Street Address 251 Ball Park Road City, State Zip Harlan, KY 40831	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	
<b>5</b>	<b>Award Amount: \$43,095.00</b>	
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	
<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other	
<b>11</b>	<b>Evaluations:</b> Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Harlan Ind. Street Address 420 E Central Street City, State Zip Harlan, KY 40831	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Harrison County Street Address    308 Webster Avenue City, State Zip    Cynthiana, KY 41031	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Hart County Street Address 25 Quality Street City, State Zip Munfordville, KY 42765	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Hazard Ind. Street Address 705 Main Street City, State Zip Hazard, KY 41701	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Henderson County Street Address 1805 Second Street City, State Zip Henderson, KY 42420	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Henry County Street Address 326 S Main Street City, State Zip New Castle, KY 40050	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Hickman County Street Address 416 Waterfield Drive North City, State Zip Clinton, KY 42031	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	
<b>5</b>	<b>Award Amount: \$43,095.00</b>	
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	
<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other	<b>11 Evaluations:</b> Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Hopkins County Street Address 320 S Seminary Street City, State Zip Madisonville, KY 42431	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Jackson County Street Address 3331 Hwy 421 South City, State Zip McKee, KY 40447	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	
<b>5</b>	<b>Award Amount: \$43,095.00</b>	
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	
<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other	<b>11 Evaluations:</b> Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.	



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Jackson Ind. Street Address 940 Highland Avenue City, State Zip Jackson, KY 41339	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Jenkins Ind. Street Address 9409 Hwy 805 City, State Zip Jenkins, KY 41537	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Jessamine County Street Address    871 Wilmore Road City, State Zip    Nicholasville, KY 40356	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source):</b> KRS 158.4416	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount:</b> \$43,095.00	<b>11</b>	<b>Evaluations:</b> Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Johnson County Street Address 253 North Mayo Trail City, State Zip Paintsville, KY 41240	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Knott County Street Address 1156 Hindman Bypass City, State Zip Hindman, KY 41822	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Knox County Street Address    200 Daniel Boone Drive City, State Zip    Barbourville, KY 40906	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source):</b> KRS 158.4416	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount:</b> \$43,095.00	<b>11</b>	<b>Evaluations:</b> Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name LaRue County Street Address 208 College Street City, State Zip Hodgenville, KY 42748	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	





**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Lee County Street Address 242 Lee Avenue City, State Zip Beattyville, KY 41311	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	
<b>5</b>	<b>Award Amount: \$43,095.00</b>	
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	
<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other	<b>11 Evaluations:</b> Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Leslie County Street Address 108 Maple Street City, State Zip Hyden, KY 41749	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Letcher County Street Address 224 Park Street City, State Zip Whitesburg, KY 41858	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	





**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Lincoln County Street Address    305 Danville Avenue City, State Zip    Stanford, KY 40484	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Livingston County Street Address    127 E Adair Street City, State Zip    Smithland, KY 42081	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <span style="float: right;"><b>Date:</b> June 29, 2022</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Logan County Street Address 2222 Bowling Green Road City, State Zip Russellville, KY 42276	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Ludlow Ind. Street Address 525 Elm Street City, State Zip Ludlow, KY 41016	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Madison County Street Address    301 Highland Park Drive City, State Zip    Richmond, KY 40476	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	<b>Date:</b> June 29, 2022	



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Magoffin County Street Address    109 Gardner Trail City, State Zip    Salyersville, KY 41465	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Marion County Street Address 755 E Main Street City, State Zip Lebanon, KY 40033	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	
<b>5</b>	<b>Award Amount: \$43,095.00</b>	
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	
<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other	<b>11 Evaluations:</b> Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Marshall County Street Address 86 High School Road City, State Zip Benton, KY 42025	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Martin County Street Address    104 East Main Street City, State Zip    Inez, KY 41224	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <span style="float: right;"><b>Date:</b> June 29, 2022</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Mason County Street Address    34 East 2nd Street City, State Zip    Maysville, KY 41056	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Mayfield Ind. Street Address    914 E College Stret City, State Zip    Mayfield, KY 42066	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    McCracken County Street Address    5347 Benton Road City, State Zip    Paducah, KY 42003	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	<b>Date:</b> June 29, 2022	



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    McCreary County Street Address    120 Raider Way City, State Zip    Stearns, KY 42647	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	<b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name McLean County Street Address 410 Highway 136 East City, State Zip Calhoun, KY 42327	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name Meade County Street Address 1155 Old Ekron Road City, State Zip Brandenburg, KY 40108	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4 Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5 Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6 Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12 Consortia/Partnership Members: N/A</b>	
<b>13 Special Instructions/Conditions:</b>	
<b>14 Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Menifee County Street Address    110 Main Street City, State Zip    Frenchburg, KY 40322	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Mercer County Street Address 530 Perryville Road City, State Zip Harrodsburg, KY 40330	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Metcalfe County Street Address 109 Sartin Drive City, State Zip Edmonton, KY 42129	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Middlesboro Ind. Street Address    220 N 20th Street City, State Zip    Middlesboro, KY 40965	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source):</b> KRS 158.4416	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount:</b> \$43,095.00	<b>11</b>	<b>Evaluations:</b> Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Model Laboratory School Street Address    521 Lancaster Ave City, State Zip    Richmond, KY 40475	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	<b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Monroe County Street Address 309 Emberton Street City, State Zip Tompkinsville, KY 42167	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Montgomery County Street Address    700 Woodford Drive City, State Zip    Mt Sterling, KY 40353	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Morgan County Street Address    155 University Drive City, State Zip    West Liberty, KY 41472	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Muhlenberg County Street Address    510 W Main Street City, State Zip    Powderly, KY 42367	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Murray Ind. Street Address 208 S 13th Street City, State Zip Murray, KY 42071	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Nelson County Street Address 288 Wildcat Lane City, State Zip Bardstown, KY 40004	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Newport Ind. Street Address 30 W. 8th Street City, State Zip Newport, KY 41071	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Nicholas County Street Address    395 West Main Street City, State Zip    Carlisle, KY 40311	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source):</b> KRS 158.4416	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount:</b> \$43,095.00	<b>11</b>	<b>Evaluations:</b> Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Ohio County Street Address    315 E Union Street City, State Zip    Hartford, KY 42347	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Oldham County Street Address    1350 N Hwy 393 City, State Zip    Crestwood, KY 40014	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Owen County Street Address 1600 Hwy 22 E City, State Zip Owenton, KY 40359	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Owensboro Ind. Street Address 450 Griffith Avenue City, State Zip Owensboro, KY 42301	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Owsley County Street Address 14 Old KY 11 City, State Zip Booneville, KY 41314	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Paducah Ind. Street Address 800 Caldwell Street City, State Zip Paducah, KY 42002	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Paintsville Ind. Street Address 305 2nd Street City, State Zip Paintsville, KY 41240	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Paris Ind. Street Address 310 W Seventh Street City, State Zip Paris, KY 40361	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	
<b>5</b>	<b>Award Amount: \$43,095.00</b>	
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	<b>Date:</b> June 29, 2022
<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Pendleton County Street Address    2525 Hwy 27 N City, State Zip    Falmouth, KY 41040	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Perry County Street Address    315 Park Avenue City, State Zip    Hazard, KY 41701	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Pike County Street Address 314 S Mayo Trail City, State Zip Pikeville, KY 41502	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name   Pikeville Ind. Street Address   148 Second Street City, State Zip   Pikeville, KY 41501	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #   Christina Weeter Street Address                       300 Sower Blvd Budget Contact – Phone #       Nicole Crosthwaite Street Address                       300 Sower Blvd City, KY Zip                           Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description                       School Based Mental Health Care Provider Fund Source                       State General Funds CFDA#                               N/A MUNIS Project Number       14MJ Master Agreement Number   N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Pineville Ind. Street Address 401 Virginia Avenue City, State Zip Pineville, KY 40977	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Powell County Street Address 691 Breckinridge Street City, State Zip Stanton, KY 40380	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Pulaski County Street Address 501 University Drive City, State Zip Somerset, KY 42503	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	
<b>5</b>	<b>Award Amount: \$43,095.00</b>	
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	
<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other	<b>11 Evaluations:</b> Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Raceland Ind. Street Address    600 Ram Blvd City, State Zip    Raceland, KY 41169	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source):</b> KRS 158.4416	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount:</b> \$43,095.00	<b>11</b>	<b>Evaluations:</b> Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Robertson County Street Address    1762 Sardis Road City, State Zip    Mount Olivet, KY 41064	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Rockcastle County Street Address    245 Richmond Street City, State Zip    Mount Vernon, KY 40456	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Rowan County Street Address    415 West Sun Street City, State Zip    Morehead, KY 40351	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source):</b> KRS 158.4416	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount:</b> \$43,095.00	<b>11</b>	<b>Evaluations:</b> Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Russell County Street Address 404 South Main Street City, State Zip Jamestown, KY 42629	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Russell Ind. Street Address 409 Belfont Street City, State Zip Russell, KY 41169	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Russellville Ind. Street Address 355 South Summer Street City, State Zip Russellville, KY 42276	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Science Hill Ind. Street Address    6007 N Hwy 27 City, State Zip    Science Hill, KY 42553	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022





**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Simpson County Street Address 430 S College Street City, State Zip Franklin, KY 42135	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Somerset Ind. Street Address 305 College Street City, State Zip Somerset, KY 42501	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	
<b>5</b>	<b>Award Amount: \$43,095.00</b>	
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	
<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other	<b>11 Evaluations:</b> Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Southgate Ind. Street Address 6 William F. Blatt Avenue City, State Zip Southgate, KY 41071	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Spencer County Street Address    207 W Main Street City, State Zip    Taylorsville, KY 40071	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	<b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Taylor County Street Address 1209 E Broadway City, State Zip Campbellsville, KY 42718	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Todd County Street Address    205 Airport Road City, State Zip    Elkton, KY 42220	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source):</b> KRS 158.4416	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount:</b> \$43,095.00	<b>11</b>	<b>Evaluations:</b> Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Trigg County Street Address 202 Main Street City, State Zip Cadiz, KY 42211	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	
<b>5</b>	<b>Award Amount: \$43,095.00</b>	
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	
<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other	
<b>11</b>	<b>Evaluations:</b> Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Trimble County Street Address    116 Wentworth Avenue City, State Zip    Bedford, KY 40006	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <span style="float: right;"><b>Date:</b> June 29, 2022</span>		



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Union County Street Address    510 S Mart Street City, State Zip    Morganfield, KY 42437	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Walton Verona Ind. Street Address    16 School Road City, State Zip    Walton, KY 41094	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	<b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Warren County Street Address    303 Lovers Lane City, State Zip    Bowling Green, KY 42102	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Washington County Street Address    120 Mackville Hill Road City, State Zip    Springfield, KY 40069	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11</b>	<b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Wayne County Street Address    1025 S Main Street City, State Zip    Monticello, KY 42633	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source):</b> KRS 158.4416	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount:</b> \$43,095.00	<b>11</b>	<b>Evaluations:</b> Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <span style="float: right;"><b>Date:</b> June 29, 2022</span>		

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name    Webster Co Street Address    28 State Route 1340 City, State Zip    Dixon, KY 42409	<b>7</b>	<b>Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address    300 Sower Blvd Budget Contact – Phone #    Nicole Crosthwaite Street Address    300 Sower Blvd City, KY Zip    Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description    School Based Mental Health Care Provider Fund Source    State General Funds CFDA#    N/A MUNIS Project Number    14MJ Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source):</b> KRS 158.4416	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount:</b> \$43,095.00	<b>11</b>	<b>Evaluations:</b> Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023		
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A		
<b>13</b>	<b>Special Instructions/Conditions:</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		<b>Date:</b> June 29, 2022



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Whitley County Street Address 300 Main Street City, State Zip Williamsburg, KY 40769	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	
<b>5</b>	<b>Award Amount: \$43,095.00</b>	
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members:</b> N/A	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	
<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other	
<b>11</b>	<b>Evaluations:</b> Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.	



**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Williamsburg Ind. Street Address 1000 Main Street City, State Zip Williamsburg, KY 40769	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Williamstown Ind. Street Address 300 Helton Street City, State Zip Williamstown, KY 41097	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Wolfe County Street Address 85 Main Street City, State Zip Campton, KY 41301	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name Woodford County Street Address 330 Pisgah Pk City, State Zip Versailles, KY 40383	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone # Christina Weeter Street Address 300 Sower Blvd Budget Contact – Phone # Nicole Crosthwaite Street Address 300 Sower Blvd City, KY Zip Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14MJ Master Agreement Number N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4</b>	<b>Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5</b>	<b>Award Amount: \$43,095.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12</b>	<b>Consortia/Partnership Members: N/A</b>	
<b>13</b>	<b>Special Instructions/Conditions:</b>	
<b>14</b>	<b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management <b>Date:</b> June 29, 2022	

**Kentucky Department of Education  
Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name    Total Street Address City, State Zip    , KY	<b>7 Fund Type:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2 KDE Contact Information:</b> Program Consultant – Phone #    Christina Weeter Street Address                            300 Sower Blvd Budget Contact – Phone #            Nicole Crosthwaite Street Address                            300 Sower Blvd City, KY Zip                                Frankfort, KY 40601	<b>8 Method of Payment:</b> <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description                                School Based Mental Health Care Provider Fund Source                                State General Funds CFDA#                                         N/A MUNIS Project Number                14MJ Master Agreement Number            N/A	<b>9 Reimbursement Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
<b>4 Grant Authority (Source): KRS 158.4416</b>	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
<b>5 Award Amount: \$7,412,340.00</b>	<b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>
<b>6 Period of Award:</b> July 1, 2022-June 30, 2023	
<b>12 Consortia/Partnership Members: N/A</b>	
<b>13 Special Instructions/Conditions:</b>	
<b>14 Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	<b>Date:</b> June 29, 2022