#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
UEI#:

Description:

#### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

**Bullitt County Board of Education** 1040 Hwy. 44E ShepherdsvilleKY40165 UCL6WKNM6XF6

epartmer Zach Stumbo 502-564-1473 ext. 4020 300 Sower Blvd, 5th Floor Lindsey Ronca (502) 564-1979 ext. 4324 300 Sower Blvd, 5th Floor Frankfort, KY 40601

#### Description/Fun Source of Award and Fiscal Year:

Fund Source:
CFDA#:
PR/AWARD NUMBER (FAIN):
MUNIS Project Number:
MOA Number:
Pass-through Number:
Restricted Indirect Cost Rate:
Restricted mareer cost hate.

FY24 Stewart B. Mckinney Homeless Education for Homeless Children and Youth US Department of Education 84.196A S196A230018 316K PON2 540 3990002-23 Indirect Costs 2023-2024

Grant Authority (Source): PL 100-77 VIIB The Stewart B. Mckinney Homeless Assistance Act, 34 CFR PART 200 and the Education Department General Administrative Regulations (EDGAR) in 34 CFR PARTS 76 (Except For 76.650 - 76.662 (Participation Of Students Enrolled In Private Schools)), 77, 81, AND 82, 77, 81 and 82, 2 CFR 3485 and the

Uniform Administrative Requirements for Federal Awards in 2 CFR Part 200 and 3474

Award Amount: \$93,981.00

Period of Award: September 5, 2023 – September 30, 2024

### **Consortia/Partnership Members:**

Special Instructions/Conditions: All funds must be spent or encumbered by September 30, 2024. The guarterly report for the period ending September 30, 2024 MUST reflect encumbrances. The final reimbursement Request must be submitted by November 29, 2024.

Authorized By (Name, Title): Tara Rodriguez, Director

Div. of School and Program Improvement

# Fund Type:

State ⊠ Federal Other:

#### Method of Payment

Erederal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

### **Reimbursement Frequency:**

Monthly **⊠Q**uarterly Other:

## **Financial Reporting Method:**

Electronic Submission by email Other:

### **Evaluations:**

ation Departme

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
UEI#:

Description:

#### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Campbell County Board of Education 101 Orchard Lane AlexandriaKY41001 TUE4BKLAL1N9

Zach Stumbo 502-564-1473 ext. 4020 300 Sower Blvd, 5th Floor Lindsey Ronca (502) 564-1979 ext. 4324 300 Sower Blvd, 5th Floor Frankfort, KY 40601

#### Description/Fun Source of Award and Fiscal Year:

Fund Source:
CFDA#:
PR/AWARD NUMBER (FAIN):
MUNIS Project Number:
MOA Number:
Pass-through Number:
Restricted Indirect Cost Rate:
Restricted mareer cost hate.

FY24 Stewart B. Mckinney Homeless Education for Homeless Children and Youth US Department of Education 84.196A S196A230018 316K PON2 540 3990002-23 Indirect Costs 2023-2024

**Grant Authority (Source):** PL 100-77 VIIB The Stewart B. Mckinney Homeless Assistance Act, <u>34 CFR PART 200</u> and the Education Department General Administrative Regulations (EDGAR) in 34 CFR PARTS 76 (Except For 76.650 - 76.662 (Participation Of Students Enrolled In Private Schools)), 77, 81, AND 82, 77, 81 and 82, 2 CFR 3485 and the

Uniform Administrative Requirements for Federal Awards in 2 CFR Part 200 and 3474

Award Amount: \$112,681.00

Period of Award: September 5, 2023 – September 30, 2024

### **Consortia/Partnership Members:**

Special Instructions/Conditions: All funds must be spent or encumbered by September 30, 2024. The quarterly report for the period ending September 30, 2024 MUST reflect encumbrances. The final reimbursement Request must be submitted by November 29, 2024.

Authorized By (Name, Title): Tara Rodriguez, Director

Div. of School and Program Improvement

# Fund Type:

□State ⊠Federal □Other:

#### **Method of Payment**

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

### **Reimbursement Frequency:**

☐ Monthly
☑ Quarterly
☑ Other:

## **Financial Reporting Method:**

Electronic Submission by email

### **Evaluations:**

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
UEI#:

Description:

#### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Covington Independent School District 25 E. Seventh Street CovingtonKY41011 JDGEGMX4PNV5

Zach Stumbo 502-564-1473 ext. 4020 300 Sower Blvd, 5th Floor Lindsey Ronca (502) 564-1979 ext. 4324 300 Sower Blvd, 5th Floor Frankfort, KY 40601

#### Description/Fun Source of Award and Fiscal Year:

Fund Source:	
CFDA#:	
PR/AWARD NUMBER (F	AIN):
<b>MUNIS Project Number</b>	:
MOA Number:	
Pass-through Number:	
<b>Restricted Indirect Cost</b>	Rate:

FY24 Stewart B. Mckinney Homeless Education for Homeless Children and Youth US Department of Education 84.196A S196A230018 316K PON2 540 3990002-23 Indirect Costs 2023-2024

Grant Authority (Source):PL 100-77 VIIB The Stewart B. Mckinney Homeless AssistanceAct, <u>34 CFR PART 200</u> and the Education Department General Administrative Regulations (EDGAR) in 34 CFRPARTS 76 (Except For 76.650 - 76.662 (Participation Of Students Enrolled In Private Schools)), 77, 81, AND 82,77, 81 and 82, 2 CFR 3485 and the

Uniform Administrative Requirements for Federal Awards in 2 CFR Part 200 and 3474

Award Amount: \$161,821.00

Period of Award: September 5, 2023 – September 30, 2024

### **Consortia/Partnership Members:**

Special Instructions/Conditions: All funds must be spent or encumbered by September 30, 2024. The quarterly report for the period ending September 30, 2024 MUST reflect encumbrances. The final reimbursement Request must be submitted by November 29, 2024.

Authorized By (Name, Title): Tara Rodriguez, Director

Div. of School and Program Improvement

# Fund Type:

□State ⊠Federal □Other:

#### **Method of Payment**

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

### **Reimbursement Frequency:**

☐ Monthly
☑ Quarterly
☑ Other:

## **Financial Reporting Method:**

Electronic Submission by email

### **Evaluations:**

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
UEI#:

Description:

#### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Dayton Independent School District 200 Clay Street DaytonKY41074 MV9FQ73GZJ97

)epartmer Zach Stumbo 502-564-1473 ext. 4020 300 Sower Blvd, 5th Floor Lindsey Ronca (502) 564-1979 ext. 4324 300 Sower Blvd, 5th Floor Frankfort, KY 40601

#### Description/Fun Source of Award and Fiscal Year:

Fund Source:	
CFDA#:	
PR/AWARD NUMBER (F	AIN):
MUNIS Project Number:	
MOA Number:	
Pass-through Number:	
<b>Restricted Indirect Cost</b>	Rate:

FY24 Stewart B. Mckinney Homeless Education for Homeless Children and Youth **US** Department of Education 84.196A S196A230018 316K PON2 540 3990002-23 Indirect Costs 2023-2024

Grant Authority (Source): PL 100-77 VIIB The Stewart B. Mckinney Homeless Assistance Act, 34 CFR PART 200 and the Education Department General Administrative Regulations (EDGAR) in 34 CFR PARTS 76 (Except For 76.650 - 76.662 (Participation Of Students Enrolled In Private Schools)), 77, 81, AND 82, 77, 81 and 82, 2 CFR 3485 and the Uniform Administrative Requirements for Federal Awards in 2 CFR Part 200 and 3474

Award Amount: \$121,020.00

Period of Award: September 5, 2023 – September 30, 2024

### **Consortia/Partnership Members:**

Special Instructions/Conditions: All funds must be spent or encumbered by September 30, 2024. The guarterly report for the period ending September 30, 2024 MUST reflect encumbrances. The final reimbursement Request must be submitted by November 29, 2024.

Authorized By (Name, Title): Tara Rodriguez, Director

Div. of School and Program Improvement

# Fund Type:

State ⊠ Federal Other:

#### Method of Payment

Erederal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

### **Reimbursement Frequency:**

Monthly **⊠Q**uarterly Other:

## **Financial Reporting Method:**

Electronic Submission by email Other:

### **Evaluations:**

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
UEI#:

Description:

#### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Eminence Independent School District 291 W. Broadway Eminenceky40019 FNMUAEG4D1X3

Zach Stumbo 502-564-1473 ext. 4020 300 Sower Blvd, 5th Floor Lindsey Ronca (502) 564-1979 ext. 4324 300 Sower Blvd, 5th Floor Frankfort, KY 40601

#### Description/Fun Source of Award and Fiscal Year:

Fund Source:	
CFDA#:	
PR/AWARD NUMBER (F	AIN):
<b>MUNIS Project Number</b>	:
MOA Number:	
Pass-through Number:	
<b>Restricted Indirect Cost</b>	Rate:

FY24 Stewart B. Mckinney Homeless Education for Homeless Children and Youth US Department of Education 84.196A S196A230018 316K PON2 540 3990002-23 Indirect Costs 2023-2024

Grant Authority (Source):PL 100-77 VIIB The Stewart B. Mckinney Homeless AssistanceAct, 34 CFR PART 200and the Education Department General Administrative Regulations (EDGAR) in 34 CFRPARTS 76 (Except For 76.650 - 76.662 (Participation Of Students Enrolled In Private Schools)), 77, 81, AND 82,77, 81 and 82, 2 CFR 3485 and the

Uniform Administrative Requirements for Federal Awards in 2 CFR Part 200 and 3474

Award Amount: \$69,656.00

Period of Award: September 5, 2023 – September 30, 2024

### **Consortia/Partnership Members:**

Special Instructions/Conditions: All funds must be spent or encumbered by September 30, 2024. The quarterly report for the period ending September 30, 2024 MUST reflect encumbrances. The final reimbursement Request must be submitted by November 29, 2024.

Authorized By (Name, Title): Tara Rodriguez, Director

Div. of School and Program Improvement

# Fund Type:

□State ⊠Federal □Other:

#### **Method of Payment**

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

### **Reimbursement Frequency:**

☐ Monthly
☑ Quarterly
☑ Other:

## **Financial Reporting Method:**

Electronic Submission by email

### **Evaluations:**

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
UEI#:

Description:

#### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Fayette County Board of Education 701 E. Main Street LexingtonKY40502 Q76NJBURC922

)epartner Zach Stumbo 502-564-1473 ext. 4020 300 Sower Blvd, 5th Floor Lindsey Ronca (502) 564-1979 ext. 4324 300 Sower Blvd, 5th Floor Frankfort, KY 40601

#### Description/Fun Source of Award and Fiscal Year:

Fund Source:	
CFDA#:	
PR/AWARD NUMBER (F	AIN):
<b>MUNIS Project Number</b>	:
MOA Number:	
Pass-through Number:	
<b>Restricted Indirect Cost</b>	Rate:

FY24 Stewart B. Mckinney Homeless Education for Homeless Children and Youth US Department of Education 84.196A S196A230018 316K PON2 540 3990002-23 Indirect Costs 2023-2024

Grant Authority (Source): PL 100-77 VIIB The Stewart B. Mckinney Homeless Assistance Act, 34 CFR PART 200 and the Education Department General Administrative Regulations (EDGAR) in 34 CFR PARTS 76 (Except For 76.650 - 76.662 (Participation Of Students Enrolled In Private Schools)), 77, 81, AND 82, 77, 81 and 82, 2 CFR 3485 and the

Uniform Administrative Requirements for Federal Awards in 2 CFR Part 200 and 3474

Award Amount: \$176,897.00

Period of Award: September 5, 2023 – September 30, 2024

### **Consortia/Partnership Members:**

Special Instructions/Conditions: All funds must be spent or encumbered by September 30, 2024. The guarterly report for the period ending September 30, 2024 MUST reflect encumbrances. The final reimbursement Request must be submitted by November 29, 2024.

Authorized By (Name, Title): Tara Rodriguez, Director

Div. of School and Program Improvement

# Fund Type:

State ⊠ Federal Other:

#### Method of Payment

Erederal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

### **Reimbursement Frequency:**

Monthly **⊠Q**uarterly Other:

## **Financial Reporting Method:**

Electronic Submission by email Other:

### **Evaluations:**

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
UEI#:

Description:

#### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Jefferson County Board of Education 3332 Newburg Road Louisville KY 34020 R5D3NH1SNPA7

ation Department Zach Stumbo 502-564-1473 ext. 4020 300 Sower Blvd, 5th Floor Lindsey Ronca (502) 564-1979 ext. 4324 300 Sower Blvd, 5th Floor Frankfort, KY 40601

#### Description/Fun Source of Award and Fiscal Year:

Fund Source:	
CFDA#:	
PR/AWARD NUMBER (F	AIN):
<b>MUNIS Project Number</b>	:
MOA Number:	
Pass-through Number:	
<b>Restricted Indirect Cost</b>	Rate:

FY24 Stewart B. Mckinney Homeless Education for Homeless Children and Youth **US** Department of Education 84.196A S196A230018 316K PON2 2400000928 3990002-23 Indirect Costs 2023-2024

Grant Authority (Source): PL 100-77 VIIB The Stewart B. Mckinney Homeless Assistance Act, 34 CFR PART 200 and the Education Department General Administrative Regulations (EDGAR) in 34 CFR PARTS 76 (Except For 76.650 - 76.662 (Participation Of Students Enrolled In Private Schools)), 77, 81, AND 82, 77, 81 and 82, 2 CFR 3485 and the Uniform Administrative Requirements for Federal Awards in 2 CFR Part 200 and 3474

Award Amount: \$508,251.00

Period of Award: December 15, 2023 – September 30, 2024

### **Consortia/Partnership Members:**

Special Instructions/Conditions: All funds must be spent or encumbered by September 30, 2024. The guarterly report for the period ending September 30, 2024 MUST reflect encumbrances. The final reimbursement Request must be submitted by November 29, 2024.

Authorized By (Name, Title): Tara Rodriguez, Director

Date: December 6, 2023

Fund Type: State

⊠ Federal Other:

### Method of Payment

Erederal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

### **Reimbursement Frequency:**

Monthly **⊠Q**uarterly Other:

## **Financial Reporting Method:**

Electronic Submission by email Other:

### **Evaluations:**

Div. of School and Program Improvement

)epartine

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
UEI#:

Description:

#### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Marshall County Board of Education 86 High School Road BentonKY42025 M14JF3YR2KV1

Zach Stumbo 502-564-1473 ext. 4020 300 Sower Blvd, 5th Floor Lindsey Ronca (502) 564-1979 ext. 4324 300 Sower Blvd, 5th Floor Frankfort, KY 40601

#### Description/Fun Source of Award and Fiscal Year:

Fund Source:	
CFDA#:	
PR/AWARD NUMBER (F	AIN):
<b>MUNIS Project Number</b>	:
MOA Number:	
Pass-through Number:	
<b>Restricted Indirect Cost</b>	Rate:

FY24 Stewart B. Mckinney Homeless Education for Homeless Children and Youth US Department of Education 84.196A S196A230018 316K PON2 540 3990002-23 Indirect Costs 2023-2024

Grant Authority (Source):PL 100-77 VIIB The Stewart B. Mckinney Homeless AssistanceAct, 34 CFR PART 200and the Education Department General Administrative Regulations (EDGAR) in 34 CFRPARTS 76 (Except For 76.650 - 76.662 (Participation Of Students Enrolled In Private Schools)), 77, 81, AND 82,77, 81 and 82, 2 CFR 3485 and theUniform Administrative Reguirements for Federal Awards in 2 CFR Part 200 and 3474

Award Amount: \$98,973.00

Period of Award: September 5, 2023 – September 30, 2024

### **Consortia/Partnership Members:**

Special Instructions/Conditions: All funds must be spent or encumbered by September 30, 2024. The quarterly report for the period ending September 30, 2024 MUST reflect encumbrances. The final reimbursement Request must be submitted by November 29, 2024.

Authorized By (Name, Title): Tara Rodriguez, Director

Div. of School and Program Improvement

# Fund Type:

□State ⊠Federal □Other:

#### **Method of Payment**

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

### **Reimbursement Frequency:**

☐ Monthly
☑ Quarterly
☑ Other:

## **Financial Reporting Method:**

Electronic Submission by email

### **Evaluations:**

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
UEI#:

Description:

#### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Newport Independent School District 30 W. Eighth Street NewportKY41071 C57VV1BQPZ76

strict Department Zach Stumbo 502-564-1473 ext. 4020 300 Sower Blvd, 5th Floor Lindsey Ronca (502) 564-1979 ext. 4324 300 Sower Blvd, 5th Floor Frankfort, KY 40601

#### Description/Fun Source of Award and Fiscal Year:

Fund Source:	
CFDA#:	
PR/AWARD NUMBER (F	AIN):
<b>MUNIS Project Number</b>	:
MOA Number:	
Pass-through Number:	
<b>Restricted Indirect Cost</b>	Rate:

FY24 Stewart B. Mckinney Homeless Education for Homeless Children and Youth **US** Department of Education 84.196A S196A230018 316K PON2 540 3990002-23 Indirect Costs 2023-2024

Grant Authority (Source): PL 100-77 VIIB The Stewart B. Mckinney Homeless Assistance Act, 34 CFR PART 200 and the Education Department General Administrative Regulations (EDGAR) in 34 CFR PARTS 76 (Except For 76.650 - 76.662 (Participation Of Students Enrolled In Private Schools)), 77, 81, AND 82, 77, 81 and 82, 2 CFR 3485 and the Uniform Administrative Requirements for Federal Awards in 2 CFR Part 200 and 3474

Award Amount: \$118,523.00

Period of Award: September 5, 2023 – September 30, 2024

### **Consortia/Partnership Members:**

Special Instructions/Conditions: All funds must be spent or encumbered by September 30, 2024. The guarterly report for the period ending September 30, 2024 MUST reflect encumbrances. The final reimbursement Request must be submitted by November 29, 2024.

Authorized By (Name, Title): Tara Rodriguez, Director

Div. of School and Program Improvement

# Fund Type:

State ⊠ Federal Other:

#### Method of Payment

Erederal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

### **Reimbursement Frequency:**

Monthly **⊠Q**uarterly Other:

## **Financial Reporting Method:**

Electronic Submission by email Other:

### **Evaluations:**

)epartne

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
UEI#:

Description:

#### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City State Zin.	

Paducah Independent School District 800 Caldwsell Street PaducahKY42003 ZNX2MSYZL2H7

Zach Stumbo 502-564-1473 ext. 4020 300 Sower Blvd, 5th Floor Lindsey Ronca (502) 564-1979 ext. 4324 300 Sower Blvd, 5th Floor Frankfort, KY 40601

#### Description/Fun Source of Award and Fiscal Year:

Fund Source:	
CFDA#:	
PR/AWARD NUMBER (F	AIN):
<b>MUNIS Project Number</b>	:
MOA Number:	
Pass-through Number:	
<b>Restricted Indirect Cost</b>	Rate:

FY24 Stewart B. Mckinney Homeless Education for Homeless Children and Youth US Department of Education 84.196A S196A230018 316K PON2 540 3990002-23 Indirect Costs 2023-2024

Grant Authority (Source):PL 100-77 VIIB The Stewart B. Mckinney Homeless AssistanceAct, <u>34 CFR PART 200</u> and the Education Department General Administrative Regulations (EDGAR) in 34 CFRPARTS 76 (Except For 76.650 - 76.662 (Participation Of Students Enrolled In Private Schools)), 77, 81, AND 82,77, 81 and 82, 2 CFR 3485 and the

Uniform Administrative Requirements for Federal Awards in 2 CFR Part 200 and 3474

Award Amount: \$154,636.00

Period of Award: September 5, 2023 – September 30, 2024

### **Consortia/Partnership Members:**

Special Instructions/Conditions: All funds must be spent or encumbered by September 30, 2024. The quarterly report for the period ending September 30, 2024 MUST reflect encumbrances. The final reimbursement Request must be submitted by November 29, 2024.

Authorized By (Name, Title): Tara Rodriguez, Director

Div. of School and Program Improvement

# Fund Type:

□State ⊠Federal □Other:

#### **Method of Payment**

Federal Cash Request
 Expenditure Reimbursement
 Automatic Payment
 Lump Sum
 Receipt of Invoice from Vendor

### **Reimbursement Frequency:**

☐ Monthly
☑ Quarterly
☑ Other:

## **Financial Reporting Method:**

Electronic Submission by email

### **Evaluations:**

#### Name and Address of Recipient

Agency Name:
Street Address:
City, State, Zip:
UEI#:

Description:

#### **KDE Contact Information**

Program Consultant:	
Street Address:	
Budget Contact:	
Street Address:	
City, State Zip:	

Whitley County Board of Education 300 Main Street WilliamsburgKY40769 FD2ECQNUT1L6

on Department Zach Stumbo 502-564-1473 ext. 4020 300 Sower Blvd. 5th Floor Lindsey Ronca (502) 564-1979 ext. 4324 300 Sower Blvd, 5th Floor Frankfort, KY 40601

#### Description/Fun Source of Award and Fiscal Year:

Fund Source:	
CFDA#:	
PR/AWARD NUMBER (FA	AIN):
MUNIS Project Number:	
MOA Number:	
Pass-through Number:	
Restricted Indirect Cost	Rate:

FY24 Stewart B. Mckinney Homeless Education for Homeless Children and Youth **US** Department of Education 84.196A S196A230018 316K PON2 540 3990002-23 Indirect Costs 2023-2024

Grant Authority (Source): PL 100-77 VIIB The Stewart B. Mckinney Homeless Assistance Act, 34 CFR PART 200 and the Education Department General Administrative Regulations (EDGAR) in 34 CFR PARTS 76 (Except For 76.650 - 76.662 (Participation Of Students Enrolled In Private Schools)), 77, 81, AND 82, 77, 81 and 82, 2 CFR 3485 and the Uniform Administrative Requirements for Federal Awards in 2 CFR Part 200 and 3474

Award Amount: \$104,126.00

Period of Award: September 15, 2023 – September 30, 2024

### **Consortia/Partnership Members:**

Special Instructions/Conditions: All funds must be spent or encumbered by September 30, 2024. The guarterly report for the period ending September 30, 2024 MUST reflect encumbrances. The final reimbursement Request must be submitted by November 29, 2024.

Authorized By (Name, Title): Tara Rodriguez, Director

Div. of School and Program Improvement

# Fund Type:

State ⊠ Federal Other:

#### Method of Payment

Erederal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor

### **Reimbursement Frequency:**

Monthly **⊠Q**uarterly Other:

## **Financial Reporting Method:**

Electronic Submission by email Other:

### **Evaluations:**

Date: September 14, 2023