)epartme

#### Name and Address of Recipient

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

#### **KDE Contact Information**

Program Consultant:

Street Address: Budget Contact: Street Address: City, State Zip: Adair County 1204 Greensburg St Columbia, KY 42728 V3KGV5KYN7V4

Monica Higgins (502) 564-3791 ext. 4052 Wes Blake (502) 564-3791 ext. 4031 300 Sower Blvd, 5th Floor Thelma Hawkins, (502) 564-1979 ext. 4361 300 Sower Blvd, 5th Floor Frankfort, KY 40601

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

Description:		FY24 Title I Part D, Subpart 2 Neglected & Delinquent
Federal Award Date:		July 1, 2023
Federal Agency:		U.S. Department of Education
CFDA#:		84.013A
PR/AWARD NUMBER (FA	NN):	S013A230017
MUNIS Project Number:		314K
MOA Number:		N/A
Pass-through Number:		3100102 <mark>-23</mark>
Restricted Indirect Cost F	Rate:	Indirect Costs 2023-2024

**Grant Authority (Source):** ESSA Title I, Part D, Subpart 2, <u>34 CFR PART 200</u> and the Education Department General Administrative Regulations (EDGAR) IN 34 CFR PARTS 76, 77, 81 and 82, <u>2 CFR 3485</u> and the <u>Uniform Administrative Requirements for Federal Awards in 2 CFR Part 200 and 3474</u>.

## Award Amount: \$118,627.00

Commonwealth

Fund Type: □State ⊠Federal □Other:

Subrecipient: Yes No

Research and Development: □ Yes ⊠ No

## 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 CDIP □ Other:

**Evaluations:** 

Period of Award: July 1, 2023—September 30, 2025

## **Consortia/Partnership Members:**

Special Instructions/Conditions: The final Federal Cash Request must be submitted by November 14, 2025. All funds must be spent or encumbered by September 30, 2025. The quarterly report for the period ending September 30, 2025 MUST reflect encumbrances.

Authorized By (Name, Title): Tara Rodriguez, Director Division of School and Program Improvement

epartme

#### Name and Address of Recipient

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

#### **KDE Contact Information**

Program Consultant:

Street Address: Budget Contact: Street Address: City, State Zip: Bowling Green Independent 1211 Center Street Bowling Green, KY 42101 ZQDJM4X8CD64

<u>Monica Higgins</u> (502) 564-3791 ext. 4052 <u>Wes Blake</u> (502) 564-3791 ext. 4031 300 Sower Blvd, 5th Floor <u>Thelma Hawkins</u>, (502) 564-1979 ext. 4361 300 Sower Blvd, 5th Floor Frankfort, KY 40601

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

Description:		FY24 Title I Part D, Subpart 2 Neglected & Delinquent
Federal Award Date:		July 1, 2023
Federal Agency:		U.S. Department of Education
CFDA#:		84.013A
PR/AWARD NUMBER (FA	IN):	S013A230017
MUNIS Project Number:		314K
MOA Number:		N/A
Pass-through Number:		3100102 <mark>-23</mark>
Restricted Indirect Cost F	Rate:	Indirect Costs 2023-2024

**Grant Authority (Source):** ESSA Title I, Part D, Subpart 2, <u>34 CFR PART 200</u> and the Education Department General Administrative Regulations (EDGAR) IN 34 CFR PARTS 76, 77, 81 and 82, <u>2 CFR 3485</u> and the <u>Uniform Administrative Requirements for Federal Awards in 2 CFR Part 200 and 3474</u>.

## Award Amount: \$45,357.00

Commonwealth

Fund Type: □State ⊠Federal □Other:

Subrecipient: Yes No

Research and Development: □ Yes ⊠ No

## **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 CDIP □Other:

**Evaluations:** 

Period of Award: July 1, 2023—September 30, 2025

## **Consortia/Partnership Members:**

Special Instructions/Conditions: The final Federal Cash Request must be submitted by November 14, 2025. All funds must be spent or encumbered by September 30, 2025. The quarterly report for the period ending September 30, 2025 MUST reflect encumbrances.

Authorized By (Name, Title): Tara Rodriguez, Director Division of School and Program Improvement

epartme.

#### Name and Address of Recipient

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

#### **KDE Contact Information**

**Program Consultant:** 

Street Address: **Budget Contact:** Street Address: City, State Zip:

**Boyd County** 1104 Boyd McCullough Drive Ashland, KY 41102 JT83X9MM4MS9

Monica Higgins (502) 564-3791 ext. 4052 Wes Blake (502) 564-3791 ext. 4031 300 Sower Blvd, 5th Floor Thelma Hawkins, (502) 564-1979 ext. 4361 300 Sower Blvd, 5th Floor Frankfort, KY 40601

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

Description:		FY24 Title I Part D, Subpart 2 Neglected & Delinquent
Federal Award Date:		July 1, 2023
Federal Agency:		U.S. Department of Education
CFDA#:		84.013A
PR/AWARD NUMBER (FA	NN):	S013A230017
MUNIS Project Number:		314K
MOA Number:		N/A
Pass-through Number:		3100102-23
Restricted Indirect Cost	Rate:	Indirect Costs 2023-2024

Grant Authority (Source): ESSA Title I, Part D, Subpart 2, <u>34 CFR PART 200</u> and the Education Department General Administrative Regulations (EDGAR) IN 34 CFR PARTS 76, 77, 81 and 82, 2 CFR 3485 and the Uniform Administrative Requirements for Federal Awards in 2 CFR Part 200 and 3474.

## Award Amount: \$68,036.00

Period of Award: July 1, 2023—September 30, 2025

## **Consortia/Partnership Members:**

Special Instructions/Conditions: The final Federal Cash Request must be submitted by November 14, 2025. All funds must be spent or encumbered by September 30, 2025. The quarterly report for the period ending September 30, 2025 MUST reflect encumbrances.

Commonwealth

Authorized By (Name, Title): Tara Rodriguez, Director **Division of School and Program Improvement**  **Research and Development:** □ Yes 🛛 No

#### Method of Payment

Fund Type:

State

⊠ Federal

 $\Box$ Other:

X Yes

Subrecipient:

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

## **Reimbursement Frequency:**

⊠ Monthly Quarterly Other:

## **Financial Reporting Method:** Electronic Submission **CDIP**

Other:

**Evaluations:** 

)epartme

#### Name and Address of Recipient

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

#### **KDE Contact Information**

Program Consultant:

Street Address: Budget Contact: Street Address: City, State Zip: Breathitt County 420 Court Street Jackson, KY 41339 EEEPAJS3SEP5

Monica Higgins (502) 564-3791 ext. 4052 Wes Blake (502) 564-3791 ext. 4031 300 Sower Blvd, 5th Floor Thelma Hawkins, (502) 564-1979 ext. 4361 300 Sower Blvd, 5th Floor Frankfort, KY 40601

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

Description:		FY24 Title I Part D, Subpart 2 Neglected & Delinquent
Federal Award Date:		July 1, 2023
Federal Agency:		U.S. Department of Education
CFDA#:		84.013A
PR/AWARD NUMBER (FA	AIN):	S013A230017
MUNIS Project Number:		314К
MOA Number:		N/A
Pass-through Number:		3100102-23
Restricted Indirect Cost	Rate:	Indirect Costs 2023-2024

**Grant Authority (Source):** ESSA Title I, Part D, Subpart 2, <u>34 CFR PART 200</u> and the Education Department General Administrative Regulations (EDGAR) IN 34 CFR PARTS 76, 77, 81 and 82, <u>2 CFR 3485</u> and the <u>Uniform Administrative Requirements for Federal Awards in 2 CFR Part 200 and 3474</u>.

Award Amount: \$109,904.00

Commonwealth

Fund Type: □State ⊠Federal □Other:

Subrecipient: Yes No

Research and Development: □ Yes ⊠ No

## 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 CDIP □Other:

**Evaluations:** 

Period of Award: July 1, 2023—September 30, 2025

## **Consortia/Partnership Members:**

Special Instructions/Conditions: The final Federal Cash Request must be submitted by November 14, 2025. All funds must be spent or encumbered by September 30, 2025. The quarterly report for the period ending September 30, 2025 MUST reflect encumbrances.

Authorized By (Name, Title): Tara Rodriguez, Director Division of School and Program Improvement

epartme

#### Name and Address of Recipient

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

#### **KDE Contact Information**

Program Consultant:

Street Address: Budget Contact: Street Address: City, State Zip: Christian County 200 Glass Street Hiopkinsville, KY 42240 JTQLEJ68MVC7

Monica Higgins (502) 564-3791 ext. 4052 Wes Blake (502) 564-3791 ext. 4031 300 Sower Blvd, 5th Floor Thelma Hawkins, (502) 564-1979 ext. 4361 300 Sower Blvd, 5th Floor Frankfort, KY 40601

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

Description:		FY24 Title I Part D, Subpart 2 Neglected & Delinquent
Federal Award Date:		July 1, 2023
Federal Agency:		U.S. Department of Education
CFDA#:		84.013A
PR/AWARD NUMBER (FA	AIN):	S013A230017
MUNIS Project Number:		314K
MOA Number:		N/A
Pass-through Number:		3100102 <mark>-23</mark>
Restricted Indirect Cost	Rate:	Indirect Costs 2023-2024

**Grant Authority (Source):** ESSA Title I, Part D, Subpart 2, <u>34 CFR PART 200</u> and the Education Department General Administrative Regulations (EDGAR) IN 34 CFR PARTS 76, 77, 81 and 82, <u>2 CFR 3485</u> and the <u>Uniform Administrative Requirements for Federal Awards in 2 CFR Part 200 and 3474</u>.

## Award Amount: \$143,050.00

Commonwealth

Fund Type: □State ⊠Federal □Other:

Subrecipient: Yes No

Research and Development: □ Yes ⊠ No

## 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 CDIP □Other:

**Evaluations:** 

Period of Award: July 1, 2023—September 30, 2025

## **Consortia/Partnership Members:**

Special Instructions/Conditions: The final Federal Cash Request must be submitted by November 14, 2025. All funds must be spent or encumbered by September 30, 2025. The quarterly report for the period ending September 30, 2025 MUST reflect encumbrances.

Authorized By (Name, Title): Tara Rodriguez, Director Division of School and Program Improvement

epartme.

#### Name and Address of Recipient

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

#### **KDE Contact Information**

Program Consultant:

Street Address: Budget Contact: Street Address: City, State Zip: Clinton County 2353 Business, 127 North Albany, KY 42602 N7GGS1QV1M51

Monica Higgins (502) 564-3791 ext. 4052 Wes Blake (502) 564-3791 ext. 4031 300 Sower Blvd, 5th Floor Thelma Hawkins, (502) 564-1979 ext. 4361 300 Sower Blvd, 5th Floor Frankfort, KY 40601

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

Description:		FY24 Title I Part D, Subpart 2 Neglected & Delinquent
Federal Award Date:		July 1, 2023
Federal Agency:		U.S. Department of Education
CFDA#:		84.013A
PR/AWARD NUMBER (FA	AIN):	S013A230017
MUNIS Project Number:		314K
MOA Number:		N/A
Pass-through Number:		3100102 <mark>-23</mark>
Restricted Indirect Cost	Rate:	Indirect Costs 2023-2024

**Grant Authority (Source):** ESSA Title I, Part D, Subpart 2, <u>34 CFR PART 200</u> and the Education Department General Administrative Regulations (EDGAR) IN 34 CFR PARTS 76, 77, 81 and 82, <u>2 CFR 3485</u> and the <u>Uniform Administrative Requirements for Federal Awards in 2 CFR Part 200 and 3474</u>.

## Award Amount: \$34,890.00

Period of Award: July 1, 2023—September 30, 2025

## **Consortia/Partnership Members:**

Special Instructions/Conditions: The final Federal Cash Request must be submitted by November 14, 2025. All funds must be spent or encumbered by September 30, 2025. The quarterly report for the period ending September 30, 2025 MUST reflect encumbrances.

Commonwealth

Authorized By (Name, Title): Tara Rodriguez, Director Division of School and Program Improvement Date: January 16, 2023

Fund Type: □State ⊠Federal □Other:

Subrecipient: Yes No

Research and Development: □ Yes ⊠ No

## **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 SubmissionCDIP

□Other:

#### Name and Address of Recipient

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

#### **KDE Contact Information**

**Program Consultant:** 

Street Address: **Budget Contact:** Street Address: City, State Zip:

**Daviess County** P.O. Box 21510 Owensboro, KY 42304 Y37MDHSHKBL5

)epartme Monica Higgins (502) 564-3791 ext. 4052 Wes Blake (502) 564-3791 ext. 4031 300 Sower Blvd, 5th Floor Thelma Hawkins, (502) 564-1979 ext. 4361 300 Sower Blvd, 5th Floor Frankfort, KY 40601

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

Description:		FY24 Title I Part D, Subpart 2 Neglected & Delinquent
Federal Award Date:		July 1, 2023
Federal Agency:		U.S. Department of Education
CFDA#:		84.013A
PR/AWARD NUMBER (FA	AIN):	S013A230017
MUNIS Project Number:		314К
MOA Number:		N/A
Pass-through Number:		3100102-23
Restricted Indirect Cost	Rate:	Indirect Costs 2023-2024

Grant Authority (Source): ESSA Title I, Part D, Subpart 2, <u>34 CFR PART 200</u> and the Education Department General Administrative Regulations (EDGAR) IN 34 CFR PARTS 76, 77, 81 and 82, 2 CFR 3485 and the Uniform Administrative Requirements for Federal Awards in 2 CFR Part 200 and 3474.

## Award Amount: \$12,212.00

*Commonwealth* 

Fund Type: State ⊠ Federal  $\Box$ Other:

Subrecipient: X Yes 

**Research and Development:** □ Yes 🛛 No

#### 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 **CDIP** Other:

**Evaluations:** 

Period of Award: July 1, 2023—September 30, 2025

## **Consortia/Partnership Members:**

Special Instructions/Conditions: The final Federal Cash Request must be submitted by November 14, 2025. All funds must be spent or encumbered by September 30, 2025. The quarterly report for the period ending September 30, 2025 MUST reflect encumbrances.

Authorized By (Name, Title): Tara Rodriguez, Director **Division of School and Program Improvement** 

epartme

#### Name and Address of Recipient

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

#### **KDE Contact Information**

Program Consultant:

Street Address: Budget Contact: Street Address: City, State Zip: Franklin County 190 Kings Daughters Drive #300 Frankfort, KY 40601 USCTK1GCG6G5

Monica Higgins (502) 564-3791 ext. 4052 Wes Blake (502) 564-3791 ext. 4031 300 Sower Blvd, 5th Floor Thelma Hawkins, (502) 564-1979 ext. 4361 300 Sower Blvd, 5th Floor Frankfort, KY 40601

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

Description:		FY24 Title I Part D, Subpart 2 Neglected & Delinquent
Federal Award Date:		July 1, 2023
Federal Agency:		U.S. Department of Education
CFDA#:		84.013A
PR/AWARD NUMBER (FA	NN):	S013A230017
MUNIS Project Number:		314K
MOA Number:		N/A
Pass-through Number:		3100102-23
Restricted Indirect Cost	Rate:	Indirect Costs 2023-2024

**Grant Authority (Source):** ESSA Title I, Part D, Subpart 2, <u>34 CFR PART 200</u> and the Education Department General Administrative Regulations (EDGAR) IN 34 CFR PARTS 76, 77, 81 and 82, <u>2 CFR 3485</u> and the <u>Uniform Administrative Requirements for Federal Awards in 2 CFR Part 200 and 3474</u>.

Award Amount: \$162,238.00

Commonwealth

Fund Type: □ State ⊠ Federal □ Other:

Subrecipient: Yes No

Research and Development: □ Yes ⊠ No

## 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 CDIP □Other:

**Evaluations:** 

Period of Award: July 1, 2023—September 30, 2025

## **Consortia/Partnership Members:**

Special Instructions/Conditions: The final Federal Cash Request must be submitted by November 14, 2025. All funds must be spent or encumbered by September 30, 2025. The quarterly report for the period ending September 30, 2025 MUST reflect encumbrances.

Authorized By (Name, Title): Tara Rodriguez, Director Division of School and Program Improvement

)epartme

#### Name and Address of Recipient

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

#### **KDE Contact Information**

Program Consultant:

Street Address: Budget Contact: Street Address: City, State Zip: Jackson County 3331 Hwy. 421 South McKee, KY 40447 NYP8GGCWHZJ3

Monica Higgins (502) 564-3791 ext. 4052 Wes Blake (502) 564-3791 ext. 4031 300 Sower Blvd, 5th Floor Thelma Hawkins, (502) 564-1979 ext. 4361 300 Sower Blvd, 5th Floor Frankfort, KY 40601

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

Description:		FY24 Title I Part D, Subpart 2 Neglected & Delinquent
Federal Award Date:		July 1, 2023
Federal Agency:		U.S. Department of Education
CFDA#:		84.013A
PR/AWARD NUMBER (FA	NN):	S013A230017
MUNIS Project Number:		314К
MOA Number:		N/A
Pass-through Number:		3100102 <mark>-23</mark>
Restricted Indirect Cost	Rate:	Indirect Costs 2023-2024

**Grant Authority (Source):** ESSA Title I, Part D, Subpart 2, <u>34 CFR PART 200</u> and the Education Department General Administrative Regulations (EDGAR) IN 34 CFR PARTS 76, 77, 81 and 82, <u>2 CFR 3485</u> and the <u>Uniform Administrative Requirements for Federal Awards in 2 CFR Part 200 and 3474</u>.

Award Amount: \$29,657.00

Commonwealth

Fund Type: □State ⊠Federal □Other:

Subrecipient: Yes No

Research and Development: □ Yes ⊠ No

## 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 CDIP □Other:

**Evaluations:** 

Period of Award: July 1, 2023—September 30, 2025

## **Consortia/Partnership Members:**

Special Instructions/Conditions: The final Federal Cash Request must be submitted by November 14, 2025. All funds must be spent or encumbered by September 30, 2025. The quarterly report for the period ending September 30, 2025 MUST reflect encumbrances.

Authorized By (Name, Title): Tara Rodriguez, Director Division of School and Program Improvement

)epartme

#### Name and Address of Recipient

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

## **KDE Contact Information**

**Program Consultant:** 

Street Address: **Budget Contact:** Street Address: City, State Zip:

Jefferson County 3332 Newburg Road Louisville, KY 34020 R5D3NH1SNPA7

Monica Higgins (502) 564-3791 ext. 4052 Wes Blake (502) 564-3791 ext. 4031 300 Sower Blvd, 5th Floor Thelma Hawkins, (502) 564-1979 ext. 4361 300 Sower Blvd, 5th Floor Frankfort, KY 40601

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

Description:		FY24 Title I Part D, Subpart 2 Neglected & Delinquent
Federal Award Date:		July 1, 2023
Federal Agency:		U.S. Department of Education
CFDA#:		84.013A
PR/AWARD NUMBER (FA	NN):	S013A230017
MUNIS Project Number:		314K
MOA Number:		N/A
Pass-through Number:		3100102 <mark>-23</mark>
Restricted Indirect Cost	Rate:	Indirect Costs 2023-2024

Grant Authority (Source): ESSA Title I, Part D, Subpart 2, <u>34 CFR PART 200</u> and the Education Department General Administrative Regulations (EDGAR) IN 34 CFR PARTS 76, 77, 81 and 82, 2 CFR 3485 and the Uniform Administrative Requirements for Federal Awards in 2 CFR Part 200 and 3474.

## Award Amount: \$27,912.00

Period of Award: July 1, 2023—September 30, 2025

## **Consortia/Partnership Members:**

Special Instructions/Conditions: The final Federal Cash Request must be submitted by November 14, 2025. All funds must be spent or encumbered by September 30, 2025. The quarterly report for the period ending September 30, 2025 MUST reflect encumbrances.

Commonwealth

Authorized By (Name, Title): Tara Rodriguez, Director **Division of School and Program Improvement**  Date: January 16, 2023

Fund Type: State ⊠ Federal  $\Box$ Other:

Subrecipient: X Yes 

**Research and Development:** □ Yes 🛛 No

## 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 **CDIP**

Other:

epartme

#### Name and Address of Recipient

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

#### **KDE Contact Information**

Program Consultant:

Street Address: Budget Contact: Street Address: City, State Zip: Jessamine County 871 Wilmore Road Nicholasville, KY 40356 MJADCMTN2168

Monica Higgins (502) 564-3791 ext. 4052 Wes Blake (502) 564-3791 ext. 4031 300 Sower Blvd, 5th Floor Thelma Hawkins, (502) 564-1979 ext. 4361 300 Sower Blvd, 5th Floor Frankfort, KY 40601

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

Description:		FY24 Title I Part D, Subpart 2 Neglected & Delinquent
Federal Award Date:		July 1, 2023
Federal Agency:		U.S. Department of Education
CFDA#:		84.013A
PR/AWARD NUMBER (FA	AIN):	S013A230017
MUNIS Project Number:		314K
MOA Number:		N/A
Pass-through Number:		3100102 <mark>-23</mark>
Restricted Indirect Cost	Rate:	Indirect Costs 2023-2024

**Grant Authority (Source):** ESSA Title I, Part D, Subpart 2, <u>34 CFR PART 200</u> and the Education Department General Administrative Regulations (EDGAR) IN 34 CFR PARTS 76, 77, 81 and 82, <u>2 CFR 3485</u> and the <u>Uniform Administrative Requirements for Federal Awards in 2 CFR Part 200 and 3474</u>.

## Award Amount: \$13,956.00

Commonwealth

Fund Type: □State ⊠Federal □Other:

Subrecipient: Yes No

Research and Development: □ Yes ⊠ No

## **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 CDIP □Other:

**Evaluations:** 

Period of Award: July 1, 2023—September 30, 2025

## **Consortia/Partnership Members:**

Special Instructions/Conditions: The final Federal Cash Request must be submitted by November 14, 2025. All funds must be spent or encumbered by September 30, 2025. The quarterly report for the period ending September 30, 2025 MUST reflect encumbrances.

Authorized By (Name, Title): Tara Rodriguez, Director Division of School and Program Improvement

epartme,

#### Name and Address of Recipient

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

#### **KDE Contact Information**

Program Consultant:

Street Address: Budget Contact: Street Address: City, State Zip: Knox County 200 Daniel Boone Drive Barbourville, KY 40906 T4MVCMAF9WW3

Monica Higgins (502) 564-3791 ext. 4052 Wes Blake (502) 564-3791 ext. 4031 300 Sower Blvd, 5th Floor Thelma Hawkins, (502) 564-1979 ext. 4361 300 Sower Blvd, 5th Floor Frankfort, KY 40601

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

Description:		FY24 Title I Part D, Subpart 2 Neglected & Delinquent
Federal Award Date:		July 1, 2023
Federal Agency:		U.S. Department of Education
CFDA#:		84.013A
PR/AWARD NUMBER (FA	NN):	S013A230017
MUNIS Project Number:		314К
MOA Number:		N/A
Pass-through Number:		3100102 <mark>-23</mark>
Restricted Indirect Cost	Rate:	Indirect Costs 2023-2024

**Grant Authority (Source):** ESSA Title I, Part D, Subpart 2, <u>34 CFR PART 200</u> and the Education Department General Administrative Regulations (EDGAR) IN 34 CFR PARTS 76, 77, 81 and 82, <u>2 CFR 3485</u> and the <u>Uniform Administrative Requirements for Federal Awards in 2 CFR Part 200 and 3474</u>.

## Award Amount: \$83,737.00

Period of Award: July 1, 2023—September 30, 2025

## **Consortia/Partnership Members:**

Special Instructions/Conditions: The final Federal Cash Request must be submitted by November 14, 2025. All funds must be spent or encumbered by September 30, 2025. The guarterly report for the period ending September 30, 2025 MUST reflect encumbrances.

Commonwealth

Authorized By (Name, Title): Tara Rodriguez, Director Division of School and Program Improvement Date: January 16, 2023

Fund Type: □State ⊠Federal □Other:

Subrecipient: Yes No

Research and Development: □ Yes ⊠ No

## **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 CDIP

□Other:

)epartme

#### Name and Address of Recipient

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

#### **KDE Contact Information**

Program Consultant:

Street Address: Budget Contact: Street Address: City, State Zip: McCracken County 5347 Benton Road Paducah, KY 42003 QG2FZ1Y3NK46

Monica Higgins (502) 564-3791 ext. 4052 Wes Blake (502) 564-3791 ext. 4031 300 Sower Blvd, 5th Floor Thelma Hawkins, (502) 564-1979 ext. 4361 300 Sower Blvd, 5th Floor Frankfort, KY 40601

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

Description:		FY24 Title I Part D, Subpart 2 Neglected & Delinquent
Federal Award Date:		July 1, 2023
Federal Agency:		U.S. Department of Education
CFDA#:		84.013A
PR/AWARD NUMBER (FA	AIN):	S013A230017
MUNIS Project Number:		314К
MOA Number:		N/A
Pass-through Number:		3100102-23
Restricted Indirect Cost	Rate:	Indirect Costs 2023-2024

**Grant Authority (Source):** ESSA Title I, Part D, Subpart 2, <u>34 CFR PART 200</u> and the Education Department General Administrative Regulations (EDGAR) IN 34 CFR PARTS 76, 77, 81 and 82, <u>2 CFR 3485</u> and the <u>Uniform Administrative Requirements for Federal Awards in 2 CFR Part 200 and 3474</u>.

## Award Amount: \$151,773.00

Commonwealth

Fund Type: □State ⊠Federal □Other:

Subrecipient: Yes No

Research and Development: □ Yes ⊠ No

## **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 CDIP □Other:

**Evaluations:** 

Period of Award: July 1, 2023—September 30, 2025

## **Consortia/Partnership Members:**

Special Instructions/Conditions: The final Federal Cash Request must be submitted by November 14, 2025. All funds must be spent or encumbered by September 30, 2025. The quarterly report for the period ending September 30, 2025 MUST reflect encumbrances.

Authorized By (Name, Title): Tara Rodriguez, Director Division of School and Program Improvement

epartme

#### Name and Address of Recipient

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

#### **KDE Contact Information**

Program Consultant:

Street Address: Budget Contact: Street Address: City, State Zip: Middlesboro Independent 220 N. 20th Street Middlesboro, KY 40965 J9SDANQDRSV9

Monica Higgins (502) 564-3791 ext. 4052 Wes Blake (502) 564-3791 ext. 4031 300 Sower Blvd, 5th Floor Thelma Hawkins, (502) 564-1979 ext. 4361 300 Sower Blvd, 5th Floor Frankfort, KY 40601

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

Description:	F	24 Title I Part	t D, Subpart 2 Neglected & Delinquent
Federal Award Date:	J	ıly 1, 2023	
Federal Agency:	ι	.S. Departmen	nt of Education
CFDA#:	8	4.013A	
PR/AWARD NUMBER (FA	.IN): S	013A230017	
MUNIS Project Number:	3	14K	
MOA Number:	١	/A	
Pass-through Number:	3	100102 <mark>-23</mark>	
Restricted Indirect Cost F	Rate:	direct Costs 2	<u>2023-2024</u>

**Grant Authority (Source):** ESSA Title I, Part D, Subpart 2, <u>34 CFR PART 200</u> and the Education Department General Administrative Regulations (EDGAR) IN 34 CFR PARTS 76, 77, 81 and 82, <u>2 CFR 3485</u> and the <u>Uniform Administrative Requirements for Federal Awards in 2 CFR Part 200 and 3474</u>.

## Award Amount: \$13,956.00

Period of Award: July 1, 2023—September 30, 2025

## **Consortia/Partnership Members:**

Special Instructions/Conditions: The final Federal Cash Request must be submitted by November 14, 2025. All funds must be spent or encumbered by September 30, 2025. The guarterly report for the period ending September 30, 2025 MUST reflect encumbrances.

Commonwealth

Authorized By (Name, Title): Tara Rodriguez, Director Division of School and Program Improvement Date: January 16, 2023

Fund Type: □State ⊠Federal □Other:

Subrecipient: Yes No

Research and Development: □ Yes ⊠ No

## **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:**

Other:

)epartme

#### Name and Address of Recipient

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

#### **KDE Contact Information**

Program Consultant:

Street Address: Budget Contact: Street Address: City, State Zip: Montgomery County 640 Woodford Drive Mt. Sterling, KY 40353 KEDEUKLPQJM6

Monica Higgins (502) 564-3791 ext. 4052 Wes Blake (502) 564-3791 ext. 4031 300 Sower Blvd, 5th Floor Thelma Hawkins, (502) 564-1979 ext. 4361 300 Sower Blvd, 5th Floor Frankfort, KY 40601

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

Description:		FY24 Title I Part D, Subpart 2 Neglected & Delinquent
Federal Award Date:		July 1, 2023
Federal Agency:		U.S. Department of Education
CFDA#:		84.013A
PR/AWARD NUMBER (FA	NN):	S013A230017
MUNIS Project Number:		314К
MOA Number:		N/A
Pass-through Number:		3100102 <mark>-23</mark>
Restricted Indirect Cost	Rate:	Indirect Costs 2023-2024

**Grant Authority (Source):** ESSA Title I, Part D, Subpart 2, <u>34 CFR PART 200</u> and the Education Department General Administrative Regulations (EDGAR) IN 34 CFR PARTS 76, 77, 81 and 82, <u>2 CFR 3485</u> and the <u>Uniform Administrative Requirements for Federal Awards in 2 CFR Part 200 and 3474</u>.

## Award Amount: \$29,657.00

Period of Award: July 1, 2023—September 30, 2025

## **Consortia/Partnership Members:**

Special Instructions/Conditions: The final Federal Cash Request must be submitted by November 14, 2025. All funds must be spent or encumbered by September 30, 2025. The quarterly report for the period ending September 30, 2025 MUST reflect encumbrances.

*Commonwealth* 

Authorized By (Name, Title): Tara Rodriguez, Director Division of School and Program Improvement Date: January 16, 2023

Fund Type: □State ⊠Federal □Other:

Subrecipient: Yes No

Research and Development: □ Yes ⊠ No

## **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 CDIP

□Other:

#### Name and Address of Recipient

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

#### **KDE Contact Information**

**Program Consultant:** 

Street Address: **Budget Contact:** Street Address: City, State Zip:

Newport Independent 30 W. Eighth Street Newport, KY 41071 C57VV1BQPZ76

Monica Higgins (502) 564-3791 ext. 4052 Wes Blake (502) 564-3791 ext. 4031 300 Sower Blvd, 5th Floor Thelma Hawkins, (502) 564-1979 ext. 4361 300 Sower Blvd, 5th Floor Frankfort, KY 40601

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

Description:		FY24 Title I Part D, Subpart 2 Neglected & Delinquent
Federal Award Date:		July 1, 2023
Federal Agency:		U.S. Department of Education
CFDA#:		84.013A
PR/AWARD NUMBER (FA	NN):	S013A230017
MUNIS Project Number:		314K
MOA Number:		N/A
Pass-through Number:		<mark>3100102-23</mark>
Restricted Indirect Cost	Rate:	Indirect Costs 2023-2024

Grant Authority (Source): ESSA Title I, Part D, Subpart 2, <u>34 CFR PART 200</u> and the Education Department General Administrative Regulations (EDGAR) IN 34 CFR PARTS 76, 77, 81 and 82, 2 CFR 3485 and the Uniform Administrative Requirements for Federal Awards in 2 CFR Part 200 and 3474.

## Award Amount: \$61,058.00

Period of Award: July 1, 2023—September 30, 2025

## **Consortia/Partnership Members:**

Special Instructions/Conditions: The final Federal Cash Request must be submitted by November 14, 2025. All funds must be spent or encumbered by September 30, 2025. The quarterly report for the period ending September 30, 2025 MUST reflect encumbrances.

Commonwealth

Authorized By (Name, Title): Tara Rodriguez, Director **Division of School and Program Improvement** 

)epartme

Subrecipient: X Yes 

Fund Type:

State

⊠ Federal

 $\Box$ Other:

**Research and Development:** □ Yes 🛛 No

## 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 **CDIP**

**Evaluations:** 

Other:

epartme,

#### Name and Address of Recipient

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

#### **KDE Contact Information**

Program Consultant:

Street Address: Budget Contact: Street Address: City, State Zip: Pulaski County 501 East University Drive Somerset, KY 42502 GM2GFQZJJ4J6

Monica Higgins (502) 564-3791 ext. 4052 Wes Blake (502) 564-3791 ext. 4031 300 Sower Blvd, 5th Floor Thelma Hawkins, (502) 564-1979 ext. 4361 300 Sower Blvd, 5th Floor Frankfort, KY 40601

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

Description:		FY24 Title I Part D, Subpart 2 Neglected & Delinquent
Federal Award Date:		July 1, 2023
Federal Agency:		U.S. Department of Education
CFDA#:		84.013A
PR/AWARD NUMBER (FA	AIN):	S013A230017
MUNIS Project Number:		314K
MOA Number:		N/A
Pass-through Number:		3100102 <mark>-23</mark>
Restricted Indirect Cost	Rate:	Indirect Costs 2023-2024

**Grant Authority (Source):** ESSA Title I, Part D, Subpart 2, <u>34 CFR PART 200</u> and the Education Department General Administrative Regulations (EDGAR) IN 34 CFR PARTS 76, 77, 81 and 82, <u>2 CFR 3485</u> and the <u>Uniform Administrative Requirements for Federal Awards in 2 CFR Part 200 and 3474</u>.

## **Award Amount:** \$54,080.00

Period of Award: July 1, 2023—September 30, 2025

## **Consortia/Partnership Members:**

Special Instructions/Conditions: The final Federal Cash Request must be submitted by November 14, 2025. All funds must be spent or encumbered by September 30, 2025. The guarterly report for the period ending September 30, 2025 MUST reflect encumbrances.

Commonwealth

Authorized By (Name, Title): Tara Rodriguez, Director Division of School and Program Improvement Date: January 16, 2023

Fund Type: □State ⊠Federal □Other:

Subrecipient: Yes No

Research and Development: □ Yes ⊠ No

## **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 CDIP

Other:

epartme

#### Name and Address of Recipient

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

#### **KDE Contact Information**

Program Consultant:

Street Address: Budget Contact: Street Address: City, State Zip: Raceland-Worthington Independent 600 Ram Blvd. Raceland, KY 411639 NBKUF6L3DH53

<u>Monica Higgins</u> (502) 564-3791 ext. 4052 <u>Wes Blake</u> (502) 564-3791 ext. 4031 300 Sower Blvd, 5th Floor <u>Thelma Hawkins</u>, (502) 564-1979 ext. 4361 300 Sower Blvd, 5th Floor Frankfort, KY 40601

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

Description:		FY24 Title I Part D, Subpart 2 Neglected & Delinquent
Federal Award Date:		July 1, 2023
Federal Agency:		U.S. Department of Education
CFDA#:		84.013A
PR/AWARD NUMBER (FA	AIN):	S013A230017
MUNIS Project Number:		314K
MOA Number:		N/A
Pass-through Number:		3100102 <mark>-23</mark>
Restricted Indirect Cost	Rate:	Indirect Costs 2023-2024

**Grant Authority (Source):** ESSA Title I, Part D, Subpart 2, <u>34 CFR PART 200</u> and the Education Department General Administrative Regulations (EDGAR) IN 34 CFR PARTS 76, 77, 81 and 82, <u>2 CFR 3485</u> and the <u>Uniform Administrative Requirements for Federal Awards in 2 CFR Part 200 and 3474</u>.

Award Amount: \$80,248.00

Commonwealth

Fund Type: □ State ⊠ Federal □ Other:

Subrecipient: Yes No

Research and Development: □ Yes ⊠ No

## 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 CDIP □Other:

**Evaluations:** 

Period of Award: July 1, 2023—September 30, 2025

## **Consortia/Partnership Members:**

Special Instructions/Conditions: The final Federal Cash Request must be submitted by November 14, 2025. All funds must be spent or encumbered by September 30, 2025. The quarterly report for the period ending September 30, 2025 MUST reflect encumbrances.

Authorized By (Name, Title): Tara Rodriguez, Director Division of School and Program Improvement

epartme

#### Name and Address of Recipient

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

#### **KDE Contact Information**

Program Consultant:

Street Address: Budget Contact: Street Address: City, State Zip: Warren County 303 Lover's Lane Bowling Green, KY 42102 MMVUBL3ECMX4

Monica Higgins (502) 564-3791 ext. 4052 Wes Blake (502) 564-3791 ext. 4031 300 Sower Blvd, 5th Floor Thelma Hawkins, (502) 564-1979 ext. 4361 300 Sower Blvd, 5th Floor Frankfort, KY 40601

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

Description:		FY24 Title I Part D, Subpart 2 Neglected & Delinquent
Federal Award Date:		July 1, 2023
Federal Agency:		U.S. Department of Education
CFDA#:		84.013A
PR/AWARD NUMBER (FA	NN):	S013A230017
MUNIS Project Number:		314К
MOA Number:		N/A
Pass-through Number:		3100102 <mark>-23</mark>
Restricted Indirect Cost	Rate:	Indirect Costs 2023-2024

**Grant Authority (Source):** ESSA Title I, Part D, Subpart 2, <u>34 CFR PART 200</u> and the Education Department General Administrative Regulations (EDGAR) IN 34 CFR PARTS 76, 77, 81 and 82, <u>2 CFR 3485</u> and the <u>Uniform Administrative Requirements for Federal Awards in 2 CFR Part 200 and 3474</u>.

## **Award Amount:** \$43,613.00

Period of Award: July 1, 2023—September 30, 2025

## **Consortia/Partnership Members:**

Special Instructions/Conditions: The final Federal Cash Request must be submitted by November 14, 2025. All funds must be spent or encumbered by September 30, 2025. The quarterly report for the period ending September 30, 2025 MUST reflect encumbrances.

Commonwealth

Authorized By (Name, Title): Tara Rodriguez, Director Division of School and Program Improvement Date: January 16, 2023

Fund Type: □State ⊠Federal □Other:

Subrecipient: Yes No

Research and Development: □ Yes ⊠ No

## **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 CDIP □Other:

#### Name and Address of Recipient

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

#### **KDE Contact Information**

Program Consultant:

Street Address: Budget Contact: Street Address: City, State Zip: Wayne County 150 Cardinal Way Monticello, KY 42633 NECNNZJ8J3X5

Monica Higgins (502) 564-3791 ext. 4052 <u>Wes Blake</u> (502) 564-3791 ext. 4031 300 Sower Blvd, 5th Floor <u>Thelma Hawkins</u>, (502) 564-1979 ext. 4361 300 Sower Blvd, 5th Floor Frankfort, KY 40601

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

-		
Description:		FY24 Title I Part D, Subpart 2 Neglected & Delinquent
Federal Award Date:		July 1, 2023
Federal Agency:		U.S. Department of Education
CFDA#:		84.013A
PR/AWARD NUMBER (FA	NN):	S013A230017
MUNIS Project Number:		314К
MOA Number:		N/A
Pass-through Number:		3100102-23
Restricted Indirect Cost	Rate:	Indirect Costs 2023-2024

**Grant Authority (Source):** ESSA Title I, Part D, Subpart 2, <u>34 CFR PART 200</u> and the Education Department General Administrative Regulations (EDGAR) IN 34 CFR PARTS 76, 77, 81 and 82, <u>2 CFR 3485</u> and the <u>Uniform Administrative Requirements for Federal Awards in 2 CFR Part 200 and 3474</u>.

## Award Amount: \$38,379.00

Period of Award: July 1, 2023—September 30, 2025

## Consortia/Partnership Members:

Special Instructions/Conditions: The final Federal Cash Request must be submitted by November 14, 2025. All funds must be spent or encumbered by September 30, 2025. The quarterly report for the period ending September 30, 2025 MUST reflect encumbrances.

*Commonwealth* 

Authorized By (Name, Title): Tara Rodriguez, Director Division of School and Program Improvement Date: January 16, 2023

Fund Type: □State ⊠Federal □Other:

Subrecipient: Yes No

Research and Development: □ Yes ⊠ No

## **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 CDIP □Other:

