

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Adair County Street Address 1204 Greensburg Street City, State Zip Columbia, KY 42728	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Allen County Street Address 570 Oliver Street City, State Zip Scottsville, KY 42164	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Anchorage Ind. Street Address 11400 Ridge Road City, State Zip Anchorage, KY 40223	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Anderson County Street Address 1160 By Pass North City, State Zip Lawrenceburg, KY 40342	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Ashland Ind. Street Address 1420 Central Ave City, State Zip Ashland, KY 41101	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Augusta Ind. Street Address 307 Bracken Street City, State Zip Augusta, KY 41002	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Ballard County Street Address 11 Vocational School Road City, State Zip Barlow, KY 42024	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Barbourville Ind. Street Address 140 School Street City, State Zip Barbourville, KY 40906	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Bardstown Ind. Street Address 308 N Fifth Street City, State Zip Bardstown, KY 40004	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Barren County Street Address 600 Trojan Way City, State Zip Glasgow, KY 42141	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Bath County Street Address 405 W Main Street City, State Zip Owingsville, KY 40360	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Beechwood Ind. Street Address 50 Beechwood Road City, State Zip Fort Mitchell, KY 41017	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Bell County Street Address 211 Virginia Ave City, State Zip Pineville, KY 40977	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Bellevue Ind. Street Address 219 Center Street City, State Zip Bellevue, KY 41073	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Berea Ind. Street Address 3 Pirate Parkway City, State Zip Berea, KY 40403	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Boone County Street Address 8330 US 42 City, State Zip Florence, KY 41042	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Bourbon County Street Address 3343 Lexington Road City, State Zip Paris, KY 40361	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Bowling Green Ind. Street Address 1211 Center Street City, State Zip Bowling Green, KY 42101	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Boyd County Street Address 1104 Bob McCullough Drive City, State Zip Ashland, KY 41102	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Boyle County Street Address 101 Citation Drive Suite C City, State Zip Danville, KY 40422	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Bracken County Street Address 1048 Bladeston Drive City, State Zip Brooksville, KY 41004	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Breathitt County Street Address 420 Court Street City, State Zip Jackson, KY 41339	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Breckinridge County Street Address 86 Airport Road City, State Zip Hardinsburg, KY 40143	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Agency Name Bullitt County Street Address 1040 Hwy 44 E City, State Zip Shepherdsville, KY 40165	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: 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	8 Method of Payment: <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
3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4 Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5 Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6 Period of Award: July 1, 2024-June 30, 2025	
12 Consortia/Partnership Members: N/A	
13 Special Instructions/Conditions:	
14 Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Burgin Ind. Street Address 140 Danville Road City, State Zip Burgin, KY 40310	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Butler County Street Address 203 N Tyler Street City, State Zip Morgantown, KY 42261	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Caldwell County Street Address 612 West Washington Street City, State Zip Princeton, KY 42445	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Calloway County Street Address 2110 College Farm Road City, State Zip Murray, KY 42071	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Campbell County Street Address 101 Orchard Lane City, State Zip Alexandria, KY 41001	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Campbellsville Ind. Street Address 136 S Columbia Avenue City, State Zip Campbellsville, KY 42718	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Carlisle County Street Address 4557 State Rt 1377 City, State Zip Bardwell, KY 42023	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Carroll County Street Address 813 Hawkins Street City, State Zip Carrollton, KY 41008	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Carter County Street Address 228 S Carol Malone Blvd. City, State Zip Grayson, KY 41143	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Casey County Street Address 1922 N US 127 City, State Zip Liberty, KY 42539	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Caverna Ind. Street Address 1102 N Dixie Hwy City, State Zip Cave City, KY 42127	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Christian County Street Address 200 Glass Avenue City, State Zip Hopkinsville, KY 42240	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Clark County Street Address 1600 W Lexington Avenue City, State Zip Winchester, KY 40391	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Clay County Street Address 128 Richmond Road City, State Zip Manchester, KY 40962	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Clinton County Street Address 1273 KY HWY 90 West Ste 103 City, State Zip Albany, KY 42602	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Cloverport Ind. Street Address 301 Poplar Street City, State Zip Cloverport, KY 40111	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Corbin Ind. Street Address 108 Roy Kidd Avenue City, State Zip Corbin, KY 40701	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Covington Ind. Street Address 25 E Seventh Street City, State Zip Covington, KY 41011	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Crittenden County Street Address 601 W Elm Street City, State Zip Marion, KY 42064	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Cumberland County Street Address 810 N Main Street City, State Zip Burkesville, KY 42717	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Danville Ind. Street Address 115 E. Lexington Ave. City, State Zip Danville, KY 40422	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Daviess County Street Address 1622 Southeastern Parkway City, State Zip Owensboro, KY 42303	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Dawson Springs Ind. Street Address 118 E Arcadia Avenue City, State Zip Dawson Springs, KY 42408	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Dayton Ind. Street Address 200 Clay Street City, State Zip Dayton, KY 41074	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name East Bernstadt Ind. Street Address 296 East Highway 3094 City, State Zip East Bernstadt, KY 40729	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Edmonson County Street Address 100 Wildcat Way City, State Zip Brownsville, KY 42210	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Elizabethtown Ind. Street Address 219 Helm Street City, State Zip Elizabethtown, KY 42701	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Agency Name Elliott County Street Address P.O. Box 767 City, State Zip Sandy Hook, KY 41171	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: 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	8 Method of Payment: <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
3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4 Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5 Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6 Period of Award: July 1, 2024-June 30, 2025	
12 Consortia/Partnership Members: N/A	
13 Special Instructions/Conditions:	
14 Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Eminence Ind. Street Address 291 West Broadway Street City, State Zip Eminence, KY 40019	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Erlanger-Elsmere Ind. Street Address 500 Graves Avenue City, State Zip Erlanger, KY 41018	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	
5	Award Amount: \$43,095.00	
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	Date: July 1, 2024
11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Estill County Street Address 253 Main Street City, State Zip Irvine, KY 40336	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Fairview Ind. Street Address 2100 Main Street City, State Zip Ashland, KY 41102	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Fayette County Street Address 450 Park Place City, State Zip Lexington, KY 40511	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Fleming County Street Address 211 W Water Street City, State Zip Flemingsburg, KY 41041	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Floyd County Street Address 442 KY RT 550 City, State Zip Eastern, KY 41622	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Fort Thomas Ind. Street Address 28 N Ft Thomas Avenue City, State Zip Fort Thomas, KY 41075	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Frankfort Ind. Street Address 959 Leestown Lane City, State Zip Frankfort, KY 40601	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Franklin County Street Address 652 Chamberlin Ave. City, State Zip Frankfort, KY 40601	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Fulton County Street Address 2780 Moscow Avenue City, State Zip Hickman, KY 42050	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Fulton Ind. Street Address 304 West State Line City, State Zip Fulton, KY 42041	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Gallatin County Street Address 600 E Main Street City, State Zip Warsaw, KY 41095	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Garrard County Street Address 322 West Maple Avenue City, State Zip Lancaster, KY 40444	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Glasgow Ind. Street Address 711 S. L. Rogers Wells Blvd. City, State Zip Glasgow, KY 42142	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Grant County Street Address 820 Arnie Risen Boulevard City, State Zip Williamstown, KY 41097	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Graves County Street Address 2290 State Rt 121 N. City, State Zip Mayfield, KY 42066	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Grayson County Street Address 790 Shaw Station Road City, State Zip Leitchfield, KY 42755	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Green County Street Address 402 East Hodgenville Ave City, State Zip Greensburg, KY 42743	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Greenup County Street Address 45 Musketeer Drive City, State Zip Greenup, KY 41144	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Hancock County Street Address 83 State Route 3543 City, State Zip Hawesville, KY 42348	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Hardin County Street Address 65 W A Jenkins Road City, State Zip Elizabethtown, KY 42701	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Harlan County Street Address 251 Ball Park Road City, State Zip Harlan, KY 40831	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Harlan Ind. Street Address 420 E Central Street City, State Zip Harlan, KY 40831	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Harrison County Street Address 308 Webster Avenue City, State Zip Cynthiana, KY 41031	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Hart County Street Address 25 Quality Street City, State Zip Munfordville, KY 42765	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Hazard Ind. Street Address 705 Main Street City, State Zip Hazard, KY 41701	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Henderson County Street Address 1805 Second Street City, State Zip Henderson, KY 42420	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Henry County Street Address 326 S Main Street City, State Zip New Castle, KY 40050	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Hickman County Street Address 416 Waterfield Drive North City, State Zip Clinton, KY 42031	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Agency Name Hopkins County Street Address 320 S Seminary Street City, State Zip Madisonville, KY 42431	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: 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	8 Method of Payment: <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
3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4 Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5 Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6 Period of Award: July 1, 2024-June 30, 2025	
12 Consortia/Partnership Members: N/A	
13 Special Instructions/Conditions:	
14 Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Jackson County Street Address 3331 Hwy 421 South City, State Zip McKee, KY 40447	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Jackson Ind. Street Address 940 Highland Avenue City, State Zip Jackson, KY 41339	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Jefferson County Street Address 3332 Newburg Road City, State Zip Louisville, KY 40218	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Jenkins Ind. Street Address 9409 Hwy 805 City, State Zip Jenkins, KY 41537	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Jessamine County Street Address 871 Wilmore Road City, State Zip Nicholasville, KY 40356	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Johnson County Street Address 253 North Mayo Trail City, State Zip Paintsville, KY 41240	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	
5	Award Amount: \$43,095.00	
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	Date: July 1, 2024

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Kenton County Street Address 1055 Eaton Drive City, State Zip Fort Wright, KY 41017	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Knott County Street Address 1156 Hindman Bypass City, State Zip Hindman, KY 41822	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Knox County Street Address 200 Daniel Boone Drive City, State Zip Barbourville, KY 40906	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name LaRue County Street Address 208 College Street City, State Zip Hodgenville, KY 42748	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Laurel County Street Address 718 North Main Street City, State Zip London, KY 40741	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Lawrence County Street Address 50 Bulldog Lane City, State Zip Louisa, KY 41230	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Lee County Street Address 242 Lee Avenue City, State Zip Beattyville, KY 41311	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Leslie County Street Address 108 Maple Street City, State Zip Hyden, KY 41749	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Letcher County Street Address 224 Park Street City, State Zip Whitesburg, KY 41858	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Lewis County Street Address 65 Central Elementary City, State Zip Vanceburg, KY 41179	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Lincoln County Street Address 305 Danville Avenue City, State Zip Stanford, KY 40484	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Livingston County Street Address 127 E Adair Street City, State Zip Smithland, KY 42081	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Logan County Street Address 2222 Bowling Green Road City, State Zip Russellville, KY 42276	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Ludlow Ind. Street Address 525 Elm Street City, State Zip Ludlow, KY 41016	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Lyon County Street Address 217 Jenkins Road City, State Zip Eddyville, KY 42038	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Madison County Street Address 301 Highland Park Drive City, State Zip Richmond, KY 40476	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Magoffin County Street Address 109 Gardner Trail City, State Zip Salyersville, KY 41465	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Marion County Street Address 755 E Main Street City, State Zip Lebanon, KY 40033	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Marshall County Street Address 86 High School Road City, State Zip Benton, KY 42025	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Martin County Street Address 104 East Main Street City, State Zip Inez, KY 41224	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Mason County Street Address 34 East 2nd Street City, State Zip Maysville, KY 41056	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Mayfield Ind. Street Address 914 E College Stret City, State Zip Mayfield, KY 42066	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name McCracken County Street Address 300 Cumberland Ave City, State Zip Paducah, KY 42001	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name McCreary County Street Address 120 Raider Way City, State Zip Stearns, KY 42647	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name McLean County Street Address 410 Highway 136 East City, State Zip Calhoun, KY 42327	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Meade County Street Address 1155 Old Ekron Road City, State Zip Brandenburg, KY 40108	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Menifee County Street Address 440 Wynn Flat Road City, State Zip Frenchburg, KY 40322	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Mercer County Street Address 530 Perryville Road City, State Zip Harrodsburg, KY 40330	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Metcalfe County Street Address 709 West Stockton Street City, State Zip Edmonton, KY 42129	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Middlesboro Ind. Street Address 220 N 20th Street City, State Zip Middlesboro, KY 40965	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Model Laboratory School Street Address 521 Lancaster Ave City, State Zip Richmond, KY 40475	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Monroe County Street Address 309 Emberton Street City, State Zip Tompkinsville, KY 42167	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Montgomery County Street Address 3400 Indian Mound Drive City, State Zip Mt Sterling, KY 40353	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Morgan County Street Address 155 University Drive City, State Zip West Liberty, KY 41472	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Muhlenberg County Street Address 510 W Main Street City, State Zip Powderly, KY 42367	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Murray Ind. Street Address 208 S 13th Street City, State Zip Murray, KY 42071	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Nelson County Street Address 288 Wildcat Lane City, State Zip Bardstown, KY 40004	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Newport Ind. Street Address 30 W. 8th Street City, State Zip Newport, KY 41071	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Nicholas County Street Address 395 West Main Street City, State Zip Carlisle, KY 40311	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Ohio County Street Address 315 E Union Street City, State Zip Hartford, KY 42347	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Oldham County Street Address 1350 N Hwy 393 City, State Zip Crestwood, KY 40014	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Owen County Street Address 1600 Hwy 22 E City, State Zip Owenton, KY 40359	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Owensboro Ind. Street Address 450 Griffith Avenue City, State Zip Owensboro, KY 42301	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Owsley County Street Address 14 Old KY 11 City, State Zip Booneville, KY 41314	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Paducah Ind. Street Address 500 South 25th Street City, State Zip Paducah, KY 42003	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Paintsville Ind. Street Address 220 Main Street City, State Zip Paintsville, KY 41240	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Paris Ind. Street Address 310 W Seventh Street City, State Zip Paris, KY 40361	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Pendleton County Street Address 2525 Hwy 27 N City, State Zip Falmouth, KY 41040	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Perry County Street Address 315 Park Avenue City, State Zip Hazard, KY 41701	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Pike County Street Address 316 South Mayo Trail City, State Zip Pikeville, KY 41501	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Pikeville Ind. Street Address 148 Second Street City, State Zip Pikeville, KY 41501	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Pineville Ind. Street Address 401 Virginia Avenue City, State Zip Pineville, KY 40977	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Powell County Street Address 691 Breckinridge Street City, State Zip Stanton, KY 40380	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Pulaski County Street Address 925 N. Main Street City, State Zip Somerset, KY 42503	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Raceland Ind. Street Address 600 Ram Blvd City, State Zip Raceland, KY 41169	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Robertson County Street Address 1762 Sardis Road City, State Zip Mount Olivet, KY 41064	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Rockcastle County Street Address 245 Richmond Street City, State Zip Mount Vernon, KY 40456	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Rowan County Street Address 551 Viking Drive City, State Zip Morehead, KY 40351	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Russell County Street Address 404 South Main Street City, State Zip Jamestown, KY 42629	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Russell Ind. Street Address 908 Powell Lane City, State Zip Flatwoods, KY 41139	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Russellville Ind. Street Address 355 South Summer Street City, State Zip Russellville, KY 42276	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Science Hill Ind. Street Address 6007 N Hwy 27 City, State Zip Science Hill, KY 42553	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Scott County Street Address 2168 Frankfort Pk. City, State Zip Georgetown, KY 40324	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Shelby County Street Address 1155 W Main Street City, State Zip Shelbyville, KY 40066	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Simpson County Street Address 430 S College Street City, State Zip Franklin, KY 42135	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Somerset Ind. Street Address 305 College Street City, State Zip Somerset, KY 42501	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Southgate Ind. Street Address 6 William F. Blatt Avenue City, State Zip Southgate, KY 41071	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Spencer County Street Address 110 Reasor Ave City, State Zip Taylorsville, KY 40071	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Agency Name Taylor County Street Address 1209 E Broadway City, State Zip Campbellsville, KY 42718	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: 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	8 Method of Payment: <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
3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4 Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5 Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6 Period of Award: July 1, 2024-June 30, 2025	
12 Consortia/Partnership Members: N/A	
13 Special Instructions/Conditions:	
14 Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Todd County Street Address 205 Airport Road City, State Zip Elkton, KY 42220	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Trigg County Street Address 202 Main Street City, State Zip Cadiz, KY 42211	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Trimble County Street Address 116 Wentworth Avenue City, State Zip Bedford, KY 40006	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Union County Street Address 4500 US Highway-60 W City, State Zip Morganfield, KY 42437	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Walton Verona Ind. Street Address 16 School Road City, State Zip Walton, KY 41094	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Warren County Street Address 303 Lovers Lane City, State Zip Bowling Green, KY 42102	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Washington County Street Address 120 Mackville Hill Road City, State Zip Springfield, KY 40069	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Wayne County Street Address 150 Cardinal Way City, State Zip Monticello, KY 42633	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Webster Co Street Address 28 State Route 1340 City, State Zip Dixon, KY 42409	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Whitley County Street Address 300 Main Street City, State Zip Williamsburg, KY 40769	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Williamsburg Ind. Street Address 1000 Main Street City, State Zip Williamsburg, KY 40769	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Williamstown Ind. Street Address 300 Helton Street City, State Zip Williamstown, KY 41097	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Wolfe County Street Address 85 Main Street City, State Zip Campton, KY 41301	7	Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8	Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9	Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management		Date: July 1, 2024

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Woodford County Street Address 330 Pisgah Pk City, State Zip Versailles, KY 40383	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: 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	8 Method of Payment: <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
3	Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4	Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5	Award Amount: \$43,095.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6	Period of Award: July 1, 2024-June 30, 2025	
12	Consortia/Partnership Members: N/A	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management Date: July 1, 2024	

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Agency Name Total Street Address City, State Zip , KY	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2 KDE Contact Information: 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	8 Method of Payment: <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
3 Description/Fund Source of Award and Fiscal Year: Description School Based Mental Health Care Provider Fund Source State General Funds CFDA# N/A MUNIS Project Number 14ML Master Agreement Number N/A	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Beginning of Fiscal Year</u>
4 Grant Authority (Source): KRS 158.4416	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission <input type="checkbox"/> Other
5 Award Amount: \$7,412,340.00	11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.
6 Period of Award: July 1, 2024-June 30, 2025	
12 Consortia/Partnership Members: N/A	
13 Special Instructions/Conditions:	
14 Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Division of Budgets & Financial Management	Date: July 1, 2024