

**Kentucky Department of Education  
Award Notification**

|           |  |           |   |
|-----------|--|-----------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Adair County<br>Street Address    1204 Greensburg Street<br>City, State Zip    Columbia, KY 42728  | <b>7</b>  | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>  | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>  | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b> | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$80,000.00</b>   | <b>11</b> | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |           |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |           |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |           |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   |           | <b>Date: September 5, 2024</b>  |

**Kentucky Department of Education  
Award Notification**

|           |  |   |
|-----------|--|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Allen County<br>Street Address    570 Oliver Street<br>City, State Zip    Scottsville, KY 42164  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address                        300 Sower Blvd<br>Budget Contact – Phone #        Nicole Crosthwaite<br>Street Address                        300 Sower Blvd<br>City, KY Zip                            Frankfort, KY 40601   | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description                            School Resource Officer<br>Fund Source                            State General Funds<br>CFDA#                                    N/A<br>MUNIS Project Number            18RL<br>Master Agreement Number        N/A | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other                                    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$80,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management<br><b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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|---|---|
| <b>1 Name and Address of Recipient:</b><br>Agency Name Anchorage Ind.<br>Street Address 11400 Ridge Road<br>City, State Zip Anchorage, KY 40223   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2 KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3 Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4 Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5 Award Amount: \$20,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6 Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12 Consortia/Partnership Members: N/A</b>  |   |
| <b>13 Special Instructions/Conditions:</b>  |   |
| <b>14 Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b>  |

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Award Notification**

|           |  |           |   |
|-----------|--|-----------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Anderson County<br>Street Address    1160 By Pass North<br>City, State Zip    Lawrenceburg, KY 40342   | <b>7</b>  | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>  | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>  | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b> | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$120,000.00</b>  | <b>11</b> | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |           |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |           |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |           |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   |           | <b>Date: September 5, 2024</b>  |

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Award Notification**

|           |   |   |
|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Ashland Ind.<br>Street Address 1420 Central Ave<br>City, State Zip Ashland, KY 41101   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$160,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <span style="float: right;"><b>Date: September 5, 2024</b></span>  |   |

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|-----------|--|--------------------------------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Augusta Ind.<br>Street Address    307 Bracken Street<br>City, State Zip    Augusta, KY 41002   | <b>7</b>                       | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>                       | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>                       | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b>                      | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>   | <b>11</b>                      | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |                                |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |                                |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |                                |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b> |   |

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Award Notification**

|           |  |           |   |
|-----------|--|-----------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Ballard County<br>Street Address    11 Vocational School Road<br>City, State Zip    Barlow, KY 42024   | <b>7</b>  | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>  | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>  | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b> | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other _____   |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>   | <b>11</b> | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |           |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |           |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |           |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   |           | <b>Date: September 5, 2024</b>  |

**Kentucky Department of Education  
Award Notification**

|           |   |   |
|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Barbourville Ind.<br>Street Address 140 School Street<br>City, State Zip Barbourville, KY 40906  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |



**Kentucky Department of Education  
Award Notification**

|           |   |   |
|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Bardstown Ind.<br>Street Address 308 N Fifth Street<br>City, State Zip Bardstown, KY 40004   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management  |   |
|           |   | <b>Date: September 5, 2024</b>  |

**Kentucky Department of Education  
Award Notification**

|           |   |   |
|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Barren County<br>Street Address 600 Trojan Way<br>City, State Zip Glasgow, KY 42141  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other _____  |
| <b>5</b>  | <b>Award Amount: \$180,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

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Award Notification**

|           |   |   |
|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Bath County<br>Street Address 405 W Main Street<br>City, State Zip Owingsville, KY 40360   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$60,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

|           |  |           |   |
|-----------|--|-----------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Beechwood Ind.<br>Street Address    50 Beechwood Road<br>City, State Zip    Fort Mitchell, KY 41017  | <b>7</b>  | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>  | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>  | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b> | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>   | <b>11</b> | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |           |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |           |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |           |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   |           | <b>Date: September 5, 2024</b>  |

**Kentucky Department of Education  
Award Notification**

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|---|---|
| <b>1 Name and Address of Recipient:</b><br>Agency Name Bell County<br>Street Address 211 Virginia Ave<br>City, State Zip Pineville, KY 40977  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2 KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3 Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4 Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5 Award Amount: \$140,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6 Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12 Consortia/Partnership Members: N/A</b>  |   |
| <b>13 Special Instructions/Conditions:</b>  |   |
| <b>14 Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>  |   |

**Kentucky Department of Education  
Award Notification**

|           |   |   |
|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Bellevue Ind.<br>Street Address 219 Center Street<br>City, State Zip Bellevue, KY 41073  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

|           |  |   |
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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Berea Ind.<br>Street Address    3 Pirate Parkway<br>City, State Zip    Berea, KY 40403   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address                        300 Sower Blvd<br>Budget Contact – Phone #        Nicole Crosthwaite<br>Street Address                        300 Sower Blvd<br>City, KY Zip                            Frankfort, KY 40601   | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description                            School Resource Officer<br>Fund Source                            State General Funds<br>CFDA#                                    N/A<br>MUNIS Project Number            18RL<br>Master Agreement Number        N/A | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other                                    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b>  |

**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Boone County<br>Street Address 8330 US 42<br>City, State Zip Florence, KY 41042  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$380,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |



**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Bourbon County<br>Street Address 3343 Lexington Road<br>City, State Zip Paris, KY 40361  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$60,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Bowling Green Ind.<br>Street Address 1211 Center Street<br>City, State Zip Bowling Green, KY 42101   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$100,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <span style="float: right;"><b>Date: September 5, 2024</b></span>  |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|--|--------------------------------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Boyd County<br>Street Address    1104 Bob McCullough Drive<br>City, State Zip    Ashland, KY 41102   | <b>7</b>                       | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>                       | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>                       | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b>                      | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$120,000.00</b>  | <b>11</b>                      | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |                                |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |                                |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |                                |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b> |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|--|-----------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Boyle County<br>Street Address    101 Citation Drive Suite C<br>City, State Zip    Danville, KY 40422  | <b>7</b>  | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>  | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>  | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b> | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$60,000.00</b>   | <b>11</b> | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |           |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |           |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |           |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   |           | <b>Date: September 5, 2024</b>  |

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Award Notification**

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|-----------|--|-----------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Bracken County<br>Street Address    1048 Bladeston Drive<br>City, State Zip    Brooksville, KY 41004   | <b>7</b>  | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>  | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>  | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b> | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$40,000.00</b>   | <b>11</b> | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |           |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |           |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |           |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   |           | <b>Date: September 5, 2024</b>  |

**Kentucky Department of Education  
Award Notification**

|           |  |   |
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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Breathitt County<br>Street Address    420 Court Street<br>City, State Zip    Jackson, KY 41339   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other _____  |
| <b>5</b>  | <b>Award Amount: \$ .00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management<br><b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

|           |   |   |
|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Breckinridge County<br>Street Address 86 Airport Road<br>City, State Zip Hardinsburg, KY 40143   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$40,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <span style="float: right;"><b>Date: September 5, 2024</b></span>  |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Bullitt County<br>Street Address 1040 Hwy 44 E<br>City, State Zip Shepherdsville, KY 40165   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$160,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |



**Kentucky Department of Education  
Award Notification**

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|-----------|--|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Burgin Ind.<br>Street Address    140 Danville Road<br>City, State Zip    Burgin, KY 40310  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management<br><b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Butler County<br>Street Address 203 N Tyler Street<br>City, State Zip Morgantown, KY 42261   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$60,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <span style="float: right;"><b>Date: September 5, 2024</b></span>  |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Caldwell County<br>Street Address 612 West Washington Street<br>City, State Zip Princeton, KY 42445  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$40,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <span style="float: right;"><b>Date: September 5, 2024</b></span>  |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Calloway County<br>Street Address 2110 College Farm Road<br>City, State Zip Murray, KY 42071   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$80,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|--|-----------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Campbell County<br>Street Address    101 Orchard Lane<br>City, State Zip    Alexandria, KY 41001   | <b>7</b>  | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>  | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>  | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b> | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$140,000.00</b>  | <b>11</b> | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |           |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |           |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |           |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   |           | <b>Date: September 5, 2024</b>  |

**Kentucky Department of Education  
Award Notification**

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|-----------|--|--------------------------------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name   Campbellsville Ind.<br>Street Address   136 S Columbia Avenue<br>City, State Zip   Campbellsville, KY 42718   | <b>7</b>                       | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #   Lalah Brewer<br>Street Address                       300 Sower Blvd<br>Budget Contact – Phone #        Nicole Crosthwaite<br>Street Address                       300 Sower Blvd<br>City, KY Zip                           Frankfort, KY 40601 | <b>8</b>                       | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description                       School Resource Officer<br>Fund Source                       State General Funds<br>CFDA#                               N/A<br>MUNIS Project Number         18RL<br>Master Agreement Number     N/A                | <b>9</b>                       | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other         _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b>                      | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$40,000.00</b>   | <b>11</b>                      | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |                                |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |                                |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |                                |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b> |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Carlisle County<br>Street Address 4557 State Rt 1377<br>City, State Zip Bardwell, KY 42023   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|--|--------------------------------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Carroll County<br>Street Address    813 Hawkins Street<br>City, State Zip    Carrollton, KY 41008  | <b>7</b>                       | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>                       | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>                       | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b>                      | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$60,000.00</b>   | <b>11</b>                      | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |                                |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |                                |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |                                |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b> |   |



**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Carter County<br>Street Address 228 S Carol Malone Blvd.<br>City, State Zip Grayson, KY 41143  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$100,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Casey County<br>Street Address 1922 N US 127<br>City, State Zip Liberty, KY 42539  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$60,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <span style="float: right;"><b>Date: September 5, 2024</b></span>  |   |

**Kentucky Department of Education  
Award Notification**

|           |   |   |
|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Caverna Ind.<br>Street Address 1102 N Dixie Hwy<br>City, State Zip Cave City, KY 42127   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

|           |   |   |
|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Christian County<br>Street Address 200 Glass Avenue<br>City, State Zip Hopkinsville, KY 42240  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$300,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|--|-----------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Clark County<br>Street Address    1600 W Lexington Avenue<br>City, State Zip    Winchester, KY 40391   | <b>7</b>  | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>  | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>  | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b> | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other _____   |
| <b>5</b>  | <b>Award Amount: \$180,000.00</b>  | <b>11</b> | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  | <b>12</b> |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |           |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |           |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   |           | <b>Date: September 5, 2024</b>  |

**Kentucky Department of Education  
Award Notification**

|           |  |   |
|-----------|--|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Clay County<br>Street Address    128 Richmond Road<br>City, State Zip    Manchester, KY 40962  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$80,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management<br><b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|--|-----------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Clinton County<br>Street Address    1273 KY HWY 90 West Ste 103<br>City, State Zip    Albany, KY 42602   | <b>7</b>  | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>  | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>  | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b> | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$80,000.00</b>   | <b>11</b> | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |           |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |           |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |           |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   |           | <b>Date: September 5, 2024</b>  |

**Kentucky Department of Education  
Award Notification**

|           |  |           |   |
|-----------|--|-----------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Cloverport Ind.<br>Street Address    301 Poplar Street<br>City, State Zip    Cloverport, KY 40111  | <b>7</b>  | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>  | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>  | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b> | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>   | <b>11</b> | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |           |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |           |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |           |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   |           | <b>Date: September 5, 2024</b>  |



**Kentucky Department of Education  
Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Corbin Ind.<br>Street Address 108 Roy Kidd Avenue<br>City, State Zip Corbin, KY 40701  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$80,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

|           |   |   |
|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Covington Ind.<br>Street Address 25 E Seventh Street<br>City, State Zip Covington, KY 41011  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$80,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|--|--------------------------------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Crittenden County<br>Street Address    601 W Elm Street<br>City, State Zip    Marion, KY 42064   | <b>7</b>                       | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>                       | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>                       | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b>                      | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$40,000.00</b>   | <b>11</b>                      | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |                                |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |                                |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |                                |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b> |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Cumberland County<br>Street Address 810 N Main Street<br>City, State Zip Burkesville, KY 42717   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other _____  |
| <b>5</b>  | <b>Award Amount: \$40,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Danville Ind.<br>Street Address 115 E. Lexington Ave.<br>City, State Zip Danville, KY 40422  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$80,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|--|--------------------------------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Daviess County<br>Street Address    1622 Southeastern Parkway<br>City, State Zip    Owensboro, KY 42303  | <b>7</b>                       | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>                       | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>                       | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b>                      | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$160,000.00</b>  | <b>11</b>                      | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |                                |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |                                |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |                                |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b> |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Dawson Springs Ind.<br>Street Address 118 E Arcadia Avenue<br>City, State Zip Dawson Springs, KY 42408   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Dayton Ind.<br>Street Address 200 Clay Street<br>City, State Zip Dayton, KY 41074  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |



**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name East Bernstadt Ind.<br>Street Address 296 East Highway 3094<br>City, State Zip East Bernstadt, KY 40729  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <span style="float: right;"><b>Date: September 5, 2024</b></span>  |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Edmonson County<br>Street Address 100 Wildcat Way<br>City, State Zip Brownsville, KY 42210   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$40,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <span style="float: right;"><b>Date: September 5, 2024</b></span>  |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|--|-----------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Elizabethtown Ind.<br>Street Address    219 Helm Street<br>City, State Zip    Elizabethtown, KY 42701  | <b>7</b>  | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>  | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>  | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b> | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other _____   |
| <b>5</b>  | <b>Award Amount: \$80,000.00</b>   | <b>11</b> | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |           |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |           |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |           |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   |           | <b>Date: September 5, 2024</b>  |

**Kentucky Department of Education  
Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Elliott County<br>Street Address P.O. Box 767<br>City, State Zip Sandy Hook, KY 41171  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$40,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Eminence Ind.<br>Street Address 291 West Broadway Street<br>City, State Zip Eminence, KY 40019   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

|           |   |   |
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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Erlanger-Elsmere Ind.<br>Street Address 500 Graves Avenue<br>City, State Zip Erlanger, KY 41018  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$100,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <span style="float: right;"><b>Date: September 5, 2024</b></span>  |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Estill County<br>Street Address 253 Main Street<br>City, State Zip Irvine, KY 40336  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$60,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Fairview Ind.<br>Street Address 2100 Main Street<br>City, State Zip Ashland, KY 41102  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$40,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |



**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Fayette County<br>Street Address 450 Park Place<br>City, State Zip Lexington, KY 40511   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$1,060,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

|           |   |   |
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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Fleming County<br>Street Address 211 W Water Street<br>City, State Zip Flemingsburg, KY 41041  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$80,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

|           |   |   |
|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name   Floyd County<br>Street Address   442 KY RT 550<br>City, State Zip   Eastern, KY 41622  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #   Lalah Brewer<br>Street Address                       300 Sower Blvd<br>Budget Contact – Phone #       Nicole Crosthwaite<br>Street Address                       300 Sower Blvd<br>City, KY Zip                           Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description                       School Resource Officer<br>Fund Source                       State General Funds<br>CFDA#                               N/A<br>MUNIS Project Number       18RL<br>Master Agreement Number   N/A                   | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other       _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$220,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management<br><b>Date: September 5, 2024</b>  |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Fort Thomas Ind.<br>Street Address 28 N Ft Thomas Avenue<br>City, State Zip Fort Thomas, KY 41075  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$40,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <span style="float: right;"><b>Date: September 5, 2024</b></span>  |   |

**Kentucky Department of Education  
Award Notification**

|           |   |   |
|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Frankfort Ind.<br>Street Address 959 Leestown Lane<br>City, State Zip Frankfort, KY 40601  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$ .00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

|           |   |   |
|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Franklin County<br>Street Address 652 Chamberlin Ave.<br>City, State Zip Frankfort, KY 40601   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$220,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <span style="float: right;"><b>Date: September 5, 2024</b></span>  |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|--|-----------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Fulton County<br>Street Address    2780 Moscow Avenue<br>City, State Zip    Hickman, KY 42050  | <b>7</b>  | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>  | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>  | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b> | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>   | <b>11</b> | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |           |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |           |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |           |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   |           | <b>Date: September 5, 2024</b>  |

**Kentucky Department of Education  
Award Notification**

|           |  |  |
|-----------|--|--|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Fulton Ind.<br>Street Address    304 West State Line<br>City, State Zip    Fulton, KY 42041  | <b>7</b> <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b> <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b> <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b> <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$40,000.00</b>   | <b>11</b> <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |  |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |  |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |  |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b>   |



**Kentucky Department of Education  
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|-----------|--|-----------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Gallatin County<br>Street Address    600 E Main Street<br>City, State Zip    Warsaw, KY 41095  | <b>7</b>  | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>  | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>  | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b> | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>   | <b>11</b> | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |           |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |           |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |           |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   |           | <b>Date: September 5, 2024</b>  |

**Kentucky Department of Education  
Award Notification**

|           |   |   |
|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Garrard County<br>Street Address 322 West Maple Avenue<br>City, State Zip Lancaster, KY 40444  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$80,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

|           |   |   |
|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Glasgow Ind.<br>Street Address 711 S. L. Rogers Wells Blvd.<br>City, State Zip Glasgow, KY 42142   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$80,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <span style="float: right;"><b>Date: September 5, 2024</b></span>  |   |

**Kentucky Department of Education  
Award Notification**

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|---|---|
| <b>1 Name and Address of Recipient:</b><br>Agency Name Grant County<br>Street Address 820 Arnie Risen Boulevard<br>City, State Zip Williamstown, KY 41097   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2 KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3 Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4 Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5 Award Amount: \$100,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6 Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12 Consortia/Partnership Members: N/A</b>  |   |
| <b>13 Special Instructions/Conditions:</b>  |   |
| <b>14 Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b>  |

**Kentucky Department of Education  
Award Notification**

|           |   |   |
|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Graves County<br>Street Address 2290 State Rt 121 N.<br>City, State Zip Mayfield, KY 42066   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$140,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management  | <b>Date: September 5, 2024</b>  |

**Kentucky Department of Education  
Award Notification**

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|-----------|--|--------------------------------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Grayson County<br>Street Address    790 Shaw Station Road<br>City, State Zip    Leitchfield, KY 42755  | <b>7</b>                       | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>                       | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>                       | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b>                      | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$80,000.00</b>   | <b>11</b>                      | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |                                |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |                                |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |                                |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b> |   |

**Kentucky Department of Education  
Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Green County<br>Street Address    402 East Hodgenville Ave<br>City, State Zip    Greensburg, KY 42743  | <b>7</b>                       | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>                       | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>                       | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b>                      | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>   | <b>11</b>                      | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |                                |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |                                |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |                                |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b> |   |

**Kentucky Department of Education  
Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Greenup County<br>Street Address    45 Musketeer Drive<br>City, State Zip    Greenup, KY 41144   | <b>7</b>  | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>  | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>  | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b> | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$60,000.00</b>   | <b>11</b> | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |           |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |           |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |           |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   |           | <b>Date: September 5, 2024</b>  |



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|-----------|--|--------------------------------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Hancock County<br>Street Address    83 State Route 3543<br>City, State Zip    Hawesville, KY 42348   | <b>7</b>                       | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>                       | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>                       | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b>                      | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$60,000.00</b>   | <b>11</b>                      | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |                                |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |                                |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |                                |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b> |   |

**Kentucky Department of Education  
Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Hardin County<br>Street Address    65 W A Jenkins Road<br>City, State Zip    Elizabethtown, KY 42701   | <b>7</b>                       | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>                       | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>                       | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b>                      | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other _____   |
| <b>5</b>  | <b>Award Amount: \$380,000.00</b>  | <b>11</b>                      | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |                                |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |                                |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |                                |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b> |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Harlan County<br>Street Address 251 Ball Park Road<br>City, State Zip Harlan, KY 40831   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$180,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Harlan Ind.<br>Street Address 420 E Central Street<br>City, State Zip Harlan, KY 40831   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Harrison County<br>Street Address 308 Webster Avenue<br>City, State Zip Cynthiana, KY 41031  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$40,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Hart County<br>Street Address 25 Quality Street<br>City, State Zip Munfordville, KY 42765  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$120,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <span style="float: right;"><b>Date: September 5, 2024</b></span>  |   |

**Kentucky Department of Education  
Award Notification**

|           |   |   |
|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Hazard Ind.<br>Street Address 705 Main Street<br>City, State Zip Hazard, KY 41701  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$60,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <span style="float: right;"><b>Date: September 5, 2024</b></span>  |   |

**Kentucky Department of Education  
Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Henderson County<br>Street Address 1805 Second Street<br>City, State Zip Henderson, KY 42420   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$200,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |



**Kentucky Department of Education  
Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Henry County<br>Street Address 326 S Main Street<br>City, State Zip New Castle, KY 40050   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$40,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Hickman County<br>Street Address 416 Waterfield Drive North<br>City, State Zip Clinton, KY 42031   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <span style="float: right;"><b>Date: September 5, 2024</b></span>  |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Hopkins County<br>Street Address 320 S Seminary Street<br>City, State Zip Madisonville, KY 42431   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other _____  |
| <b>5</b>  | <b>Award Amount: \$240,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Jackson County<br>Street Address 3331 Hwy 421 South<br>City, State Zip McKee, KY 40447   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$100,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Jackson Ind.<br>Street Address 940 Highland Avenue<br>City, State Zip Jackson, KY 41339  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$ .00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Jefferson County<br>Street Address    3332 Newburg Road<br>City, State Zip    Louisville, KY 40218   | <b>7</b>  | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>  | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>  | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b> | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$60,000.00</b>   | <b>11</b> | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |           |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |           |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |           |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   |           | <b>Date: September 5, 2024</b>  |

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Award Notification**

|           |   |   |
|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Jenkins Ind.<br>Street Address 9409 Hwy 805<br>City, State Zip Jenkins, KY 41537   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$40,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Jessamine County<br>Street Address    871 Wilmore Road<br>City, State Zip    Nicholasville, KY 40356   | <b>7</b>  | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>  | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>  | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b> | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other _____   |
| <b>5</b>  | <b>Award Amount: \$180,000.00</b>  | <b>11</b> | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |           |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |           |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |           |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   |           | <b>Date: September 5, 2024</b>  |



**Kentucky Department of Education  
Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Johnson County<br>Street Address 253 North Mayo Trail<br>City, State Zip Paintsville, KY 41240   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$40,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <span style="float: right;"><b>Date: September 5, 2024</b></span>  |   |

**Kentucky Department of Education  
Award Notification**

|           |  |                                |   |
|-----------|--|--------------------------------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Kenton County<br>Street Address    1055 Eaton Drive<br>City, State Zip    Fort Wright, KY 41017  | <b>7</b>                       | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>                       | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>                       | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b>                      | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$340,000.00</b>  | <b>11</b>                      | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |                                |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |                                |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |                                |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b> |   |

**Kentucky Department of Education  
Award Notification**

|           |   |   |
|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name KY School for the Blind<br>Street Address 1867 Frankfort Avenue<br>City, State Zip Louisville, KY 40206  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|--|--------------------------------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    KY School for the Deaf<br>Street Address    P.O. Box 27<br>City, State Zip    Danville, KY 40423   | <b>7</b>                       | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>                       | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>                       | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b>                      | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>   | <b>11</b>                      | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |                                |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |                                |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |                                |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b> |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Knott County<br>Street Address 1156 Hindman Bypass<br>City, State Zip Hindman, KY 41822  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$120,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Knox County<br>Street Address    200 Daniel Boone Drive<br>City, State Zip    Barbourville, KY 40906   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$200,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management<br><b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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|---|---|
| <b>1 Name and Address of Recipient:</b><br>Agency Name LaRue County<br>Street Address 208 College Street<br>City, State Zip Hodgenville, KY 42748   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2 KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3 Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4 Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5 Award Amount: \$20,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6 Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12 Consortia/Partnership Members: N/A</b>  |   |
| <b>13 Special Instructions/Conditions:</b>  |   |
| <b>14 Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b>  |

**Kentucky Department of Education  
Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Laurel County<br>Street Address    718 North Main Street<br>City, State Zip    London, KY 40741  | <b>7</b>  | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>  | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>  | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b> | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$320,000.00</b>  | <b>11</b> | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |           |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |           |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |           |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   |           | <b>Date: September 5, 2024</b>  |



**Kentucky Department of Education  
Award Notification**

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|-----------|--|--------------------------------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Lawrence County<br>Street Address    50 Bulldog Lane<br>City, State Zip    Louisa, KY 41230  | <b>7</b>                       | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>                       | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>                       | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b>                      | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other _____   |
| <b>5</b>  | <b>Award Amount: \$40,000.00</b>   | <b>11</b>                      | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |                                |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |                                |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |                                |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b> |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|--|-----------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Lee County<br>Street Address    242 Lee Avenue<br>City, State Zip    Beattyville, KY 41311   | <b>7</b>  | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>  | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>  | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b> | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other _____   |
| <b>5</b>  | <b>Award Amount: \$40,000.00</b>   | <b>11</b> | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |           |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |           |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |           |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   |           | <b>Date: September 5, 2024</b>  |

**Kentucky Department of Education  
Award Notification**

|           |  |           |   |
|-----------|--|-----------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Leslie County<br>Street Address    108 Maple Street<br>City, State Zip    Hyden, KY 41749  | <b>7</b>  | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>  | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>  | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b> | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$100,000.00</b>  | <b>11</b> | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |           |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |           |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |           |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   |           | <b>Date: September 5, 2024</b>  |

**Kentucky Department of Education  
Award Notification**

|   |   |
|---|---|
| <b>1 Name and Address of Recipient:</b><br>Agency Name Letcher County<br>Street Address 224 Park Street<br>City, State Zip Whitesburg, KY 41858   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2 KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3 Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4 Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5 Award Amount: \$20,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6 Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12 Consortia/Partnership Members: N/A</b>  |   |
| <b>13 Special Instructions/Conditions:</b>  |   |
| <b>14 Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b>  |

**Kentucky Department of Education  
Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Lewis County<br>Street Address    65 Central Elementary<br>City, State Zip    Vanceburg, KY 41179  | <b>7</b>  | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>  | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>  | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b> | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$80,000.00</b>   | <b>11</b> | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |           |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |           |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |           |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   |           | <b>Date: September 5, 2024</b>  |

**Kentucky Department of Education  
Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Lincoln County<br>Street Address    305 Danville Avenue<br>City, State Zip    Stanford, KY 40484   | <b>7</b>                       | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>                       | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>                       | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b>                      | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$120,000.00</b>  | <b>11</b>                      | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |                                |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |                                |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |                                |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b> |   |

**Kentucky Department of Education  
Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Livingston County<br>Street Address 127 E Adair Street<br>City, State Zip Smithland, KY 42081  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$60,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Logan County<br>Street Address 2222 Bowling Green Road<br>City, State Zip Russellville, KY 42276   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$120,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <span style="float: right;"><b>Date: September 5, 2024</b></span>  |   |



**Kentucky Department of Education  
Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Ludlow Ind.<br>Street Address 525 Elm Street<br>City, State Zip Ludlow, KY 41016   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management  | <b>Date: September 5, 2024</b>  |

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Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name   Lyon County<br>Street Address   217 Jenkins Road<br>City, State Zip   Eddyville, KY 42038   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #   Lalah Brewer<br>Street Address                       300 Sower Blvd<br>Budget Contact – Phone #        Nicole Crosthwaite<br>Street Address                       300 Sower Blvd<br>City, KY Zip                           Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description                       School Resource Officer<br>Fund Source                       State General Funds<br>CFDA#                               N/A<br>MUNIS Project Number         18RL<br>Master Agreement Number     N/A                | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other         _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management<br><b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Madison County<br>Street Address    301 Highland Park Drive<br>City, State Zip    Richmond, KY 40476   | <b>7</b>  | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>  | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>  | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b> | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other _____   |
| <b>5</b>  | <b>Award Amount: \$160,000.00</b>  | <b>11</b> | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |           |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |           |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |           |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   |           | <b>Date: September 5, 2024</b>  |

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Magoffin County<br>Street Address    109 Gardner Trail<br>City, State Zip    Salyersville, KY 41465  | <b>7</b>  | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>  | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>  | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b> | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other _____   |
| <b>5</b>  | <b>Award Amount: \$40,000.00</b>   | <b>11</b> | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |           |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |           |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |           |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   |           | <b>Date: September 5, 2024</b>  |

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Marion County<br>Street Address 755 E Main Street<br>City, State Zip Lebanon, KY 40033   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$40,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Marshall County<br>Street Address    86 High School Road<br>City, State Zip    Benton, KY 42025  | <b>7</b>  | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>  | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>  | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b> | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other _____   |
| <b>5</b>  | <b>Award Amount: \$180,000.00</b>  | <b>11</b> | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |           |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |           |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |           |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   |           | <b>Date: September 5, 2024</b>  |

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|-----------|--|--------------------------------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Martin County<br>Street Address    104 East Main Street<br>City, State Zip    Inez, KY 41224   | <b>7</b>                       | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>                       | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>                       | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b>                      | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>   | <b>11</b>                      | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |                                |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |                                |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |                                |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b> |   |

**Kentucky Department of Education  
Award Notification**

|           |  |                                |   |
|-----------|--|--------------------------------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Mason County<br>Street Address    34 East 2nd Street<br>City, State Zip    Maysville, KY 41056   | <b>7</b>                       | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>                       | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>                       | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b>                      | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$40,000.00</b>   | <b>11</b>                      | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |                                |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |                                |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |                                |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b> |   |



**Kentucky Department of Education  
Award Notification**

|           |  |                                |   |
|-----------|--|--------------------------------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Mayfield Ind.<br>Street Address    914 E College Stret<br>City, State Zip    Mayfield, KY 42066  | <b>7</b>                       | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>                       | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>                       | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b>                      | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$60,000.00</b>   | <b>11</b>                      | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |                                |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |                                |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |                                |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b> |   |

**Kentucky Department of Education  
Award Notification**

|           |  |                                |   |
|-----------|--|--------------------------------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    McCracken County<br>Street Address    300 Cumberland Ave<br>City, State Zip    Paducah, KY 42001   | <b>7</b>                       | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>                       | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>                       | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b>                      | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$200,000.00</b>  | <b>11</b>                      | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |                                |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |                                |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |                                |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b> |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|--|-----------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    McCreary County<br>Street Address    120 Raider Way<br>City, State Zip    Stearns, KY 42647  | <b>7</b>  | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>  | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>  | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b> | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$100,000.00</b>  | <b>11</b> | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |           |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |           |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |           |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   |           | <b>Date: September 5, 2024</b>  |

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Award Notification**

|           |  |                                |   |
|-----------|--|--------------------------------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    McLean County<br>Street Address    410 Highway 136 East<br>City, State Zip    Calhoun, KY 42327  | <b>7</b>                       | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>                       | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>                       | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b>                      | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>   | <b>11</b>                      | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |                                |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |                                |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |                                |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b> |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Meade County<br>Street Address 1155 Old Ekron Road<br>City, State Zip Brandenburg, KY 40108  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$40,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <span style="float: right;"><b>Date: September 5, 2024</b></span>  |   |

**Kentucky Department of Education  
Award Notification**

|           |  |   |
|-----------|--|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Menifee County<br>Street Address    440 Wynn Flat Road<br>City, State Zip    Frenchburg, KY 40322  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address                            300 Sower Blvd<br>Budget Contact – Phone #            Nicole Crosthwaite<br>Street Address                            300 Sower Blvd<br>City, KY Zip                                Frankfort, KY 40601       | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description                                School Resource Officer<br>Fund Source                                State General Funds<br>CFDA#                                        N/A<br>MUNIS Project Number                18RL<br>Master Agreement Number            N/A | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other                                        _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$60,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management<br><b>Date: September 5, 2024</b>   |   |

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Award Notification**

|           |   |   |
|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Mercer County<br>Street Address 530 Perryville Road<br>City, State Zip Harrodsburg, KY 40330   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$60,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

|           |   |   |
|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Metcalfe County<br>Street Address 709 West Stockton Street<br>City, State Zip Edmonton, KY 42129   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$40,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |



**Kentucky Department of Education  
Award Notification**

|           |  |           |   |
|-----------|--|-----------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Middlesboro Ind.<br>Street Address    220 N 20th Street<br>City, State Zip    Middlesboro, KY 40965  | <b>7</b>  | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>  | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>  | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b> | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$60,000.00</b>   | <b>11</b> | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |           |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |           |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |           |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   |           | <b>Date: September 5, 2024</b>  |

**Kentucky Department of Education  
Award Notification**

|           |   |   |
|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Monroe County<br>Street Address 309 Emberton Street<br>City, State Zip Tompkinsville, KY 42167   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other _____  |
| <b>5</b>  | <b>Award Amount: \$100,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|--|--------------------------------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Montgomery County<br>Street Address    3400 Indian Mound Drive<br>City, State Zip    Mt Sterling, KY 40353   | <b>7</b>                       | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>                       | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>                       | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b>                      | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$120,000.00</b>  | <b>11</b>                      | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |                                |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |                                |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |                                |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b> |   |

**Kentucky Department of Education  
Award Notification**

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|--|---|
| <b>1 Name and Address of Recipient:</b><br>Agency Name    Morgan County<br>Street Address    155 University Drive<br>City, State Zip    West Liberty, KY 41472   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2 KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3 Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4 Grant Authority (Source): KRS 158.441</b>   | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other _____  |
| <b>5 Award Amount: \$80,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6 Period of Award:</b><br>July 1, 2024-June 30, 2025  |   |
| <b>12 Consortia/Partnership Members: N/A</b>   |   |
| <b>13 Special Instructions/Conditions:</b>   |   |
| <b>14 Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management  | <b>Date: September 5, 2024</b>  |

**Kentucky Department of Education  
Award Notification**

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|-----------|--|-----------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Muhlenberg County<br>Street Address    510 W Main Street<br>City, State Zip    Powderly, KY 42367  | <b>7</b>  | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>  | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>  | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b> | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other _____   |
| <b>5</b>  | <b>Award Amount: \$120,000.00</b>  | <b>11</b> | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |           |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |           |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |           |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   |           | <b>Date: September 5, 2024</b>  |

**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Murray Ind.<br>Street Address 208 S 13th Street<br>City, State Zip Murray, KY 42071  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$60,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Nelson County<br>Street Address 288 Wildcat Lane<br>City, State Zip Bardstown, KY 40004  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$40,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Newport Ind.<br>Street Address 30 W. 8th Street<br>City, State Zip Newport, KY 41071   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$60,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |



**Kentucky Department of Education  
Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Nicholas County<br>Street Address    395 West Main Street<br>City, State Zip    Carlisle, KY 40311   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address                        300 Sower Blvd<br>Budget Contact – Phone #        Nicole Crosthwaite<br>Street Address                        300 Sower Blvd<br>City, KY Zip                            Frankfort, KY 40601   | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description                            School Resource Officer<br>Fund Source                            State General Funds<br>CFDA#                                    N/A<br>MUNIS Project Number            18RL<br>Master Agreement Number        N/A | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other                                    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management<br><b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Ohio County<br>Street Address 315 E Union Street<br>City, State Zip Hartford, KY 42347   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$100,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management  | <b>Date: September 5, 2024</b>  |

**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Oldham County<br>Street Address 1350 N Hwy 393<br>City, State Zip Crestwood, KY 40014  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$160,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Owen County<br>Street Address 1600 Hwy 22 E<br>City, State Zip Owenton, KY 40359   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Owensboro Ind.<br>Street Address 450 Griffith Avenue<br>City, State Zip Owensboro, KY 42301  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other _____  |
| <b>5</b>  | <b>Award Amount: \$40,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

|           |  |                                |   |
|-----------|--|--------------------------------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Owsley County<br>Street Address    14 Old KY 11<br>City, State Zip    Booneville, KY 41314   | <b>7</b>                       | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>                       | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>                       | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b>                      | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$40,000.00</b>   | <b>11</b>                      | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |                                |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |                                |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |                                |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b> |   |

**Kentucky Department of Education  
Award Notification**

|           |   |   |
|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Paducah Ind.<br>Street Address 500 South 25th Street<br>City, State Zip Paducah, KY 42003  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$100,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <span style="float: right;"><b>Date: September 5, 2024</b></span>  |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|--|--------------------------------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Paintsville Ind.<br>Street Address    220 Main Street<br>City, State Zip    Paintsville, KY 41240  | <b>7</b>                       | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>                       | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>                       | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b>                      | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other _____   |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>   | <b>11</b>                      | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |                                |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |                                |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |                                |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b> |   |



**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Paris Ind.<br>Street Address 310 W Seventh Street<br>City, State Zip Paris, KY 40361   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

|           |  |                                |   |
|-----------|--|--------------------------------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Pendleton County<br>Street Address    2525 Hwy 27 N<br>City, State Zip    Falmouth, KY 41040   | <b>7</b>                       | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>                       | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>                       | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b>                      | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$80,000.00</b>   | <b>11</b>                      | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |                                |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |                                |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |                                |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b> |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Perry County<br>Street Address 315 Park Avenue<br>City, State Zip Hazard, KY 41701   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$120,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Pike County<br>Street Address    316 South Mayo Trail<br>City, State Zip    Pikeville, KY 41501  | <b>7</b>  | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>  | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>  | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b> | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other _____   |
| <b>5</b>  | <b>Award Amount: \$140,000.00</b>  | <b>11</b> | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |           |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |           |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |           |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   |           | <b>Date: September 5, 2024</b>  |

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Award Notification**

|           |  |                                |   |
|-----------|--|--------------------------------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name   Pikeville Ind.<br>Street Address   148 Second Street<br>City, State Zip   Pikeville, KY 41501   | <b>7</b>                       | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #   Lalah Brewer<br>Street Address                       300 Sower Blvd<br>Budget Contact – Phone #        Nicole Crosthwaite<br>Street Address                       300 Sower Blvd<br>City, KY Zip                           Frankfort, KY 40601 | <b>8</b>                       | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description                       School Resource Officer<br>Fund Source                       State General Funds<br>CFDA#                               N/A<br>MUNIS Project Number         18RL<br>Master Agreement Number     N/A                | <b>9</b>                       | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other        _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b>                      | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$40,000.00</b>   | <b>11</b>                      | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |                                |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |                                |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |                                |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b> |   |

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Award Notification**

|           |   |   |
|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Pineville Ind.<br>Street Address 401 Virginia Avenue<br>City, State Zip Pineville, KY 40977  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <span style="float: right;"><b>Date: September 5, 2024</b></span>  |   |

**Kentucky Department of Education  
Award Notification**

|           |   |   |
|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Powell County<br>Street Address 691 Breckinridge Street<br>City, State Zip Stanton, KY 40380   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$40,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Pulaski County<br>Street Address 925 N. Main Street<br>City, State Zip Somerset, KY 42503  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$200,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <span style="float: right;"><b>Date: September 5, 2024</b></span>  |   |



**Kentucky Department of Education  
Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Raceland Ind.<br>Street Address    600 Ram Blvd<br>City, State Zip    Raceland, KY 41169   | <b>7</b>  | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>  | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>  | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b> | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>   | <b>11</b> | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |           |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |           |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |           |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   |           | <b>Date: September 5, 2024</b>  |

**Kentucky Department of Education  
Award Notification**

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|-----------|--|-----------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Robertson County<br>Street Address    1762 Sardis Road<br>City, State Zip    Mount Olivet, KY 41064  | <b>7</b>  | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>  | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>  | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b> | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>   | <b>11</b> | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |           |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |           |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |           |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   |           | <b>Date: September 5, 2024</b>  |

**Kentucky Department of Education  
Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Rockcastle County<br>Street Address    245 Richmond Street<br>City, State Zip    Mount Vernon, KY 40456  | <b>7</b>  | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>  | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>  | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b> | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$60,000.00</b>   | <b>11</b> | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  | <b>12</b> |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |           |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |           |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   |           | <b>Date: September 5, 2024</b>  |

**Kentucky Department of Education  
Award Notification**

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|-----------|--|--------------------------------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Rowan County<br>Street Address    551 Viking Drive<br>City, State Zip    Morehead, KY 40351  | <b>7</b>                       | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>                       | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>                       | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b>                      | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>   | <b>11</b>                      | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |                                |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |                                |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |                                |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b> |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|--|-----------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Russell County<br>Street Address    404 South Main Street<br>City, State Zip    Jamestown, KY 42629  | <b>7</b>  | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>  | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>  | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b> | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other _____   |
| <b>5</b>  | <b>Award Amount: \$80,000.00</b>   | <b>11</b> | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |           |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |           |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |           |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   |           | <b>Date: September 5, 2024</b>  |

**Kentucky Department of Education  
Award Notification**

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|-----------|--|--------------------------------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Russell Ind.<br>Street Address    908 Powell Lane<br>City, State Zip    Flatwoods, KY 41139  | <b>7</b>                       | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>                       | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>                       | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b>                      | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other _____   |
| <b>5</b>  | <b>Award Amount: \$40,000.00</b>   | <b>11</b>                      | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |                                |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |                                |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |                                |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b> |   |

**Kentucky Department of Education  
Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Russellville Ind.<br>Street Address 355 South Summer Street<br>City, State Zip Russellville, KY 42276  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$40,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

|           |   |   |
|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Science Hill Ind.<br>Street Address 6007 N Hwy 27<br>City, State Zip Science Hill, KY 42553  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |



**Kentucky Department of Education  
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|-----------|--|--------------------------------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Scott County<br>Street Address    2168 Frankfort Pk.<br>City, State Zip    Georgetown, KY 40324  | <b>7</b>                       | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>                       | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>                       | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b>                      | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$300,000.00</b>  | <b>11</b>                      | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |                                |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |                                |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |                                |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b> |   |

**Kentucky Department of Education  
Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Shelby County<br>Street Address    1155 W Main Street<br>City, State Zip    Shelbyville, KY 40066  | <b>7</b>  | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>  | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>  | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b> | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other _____   |
| <b>5</b>  | <b>Award Amount: \$140,000.00</b>  | <b>11</b> | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |           |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |           |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |           |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   |           | <b>Date: September 5, 2024</b>  |

**Kentucky Department of Education  
Award Notification**

|           |   |   |
|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Simpson County<br>Street Address 430 S College Street<br>City, State Zip Franklin, KY 42135  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$100,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <span style="float: right;"><b>Date: September 5, 2024</b></span>  |   |

**Kentucky Department of Education  
Award Notification**

|           |   |   |
|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Somerset Ind.<br>Street Address 305 College Street<br>City, State Zip Somerset, KY 42501   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$60,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <span style="float: right;"><b>Date: September 5, 2024</b></span>  |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Southgate Ind.<br>Street Address 6 William F. Blatt Avenue<br>City, State Zip Southgate, KY 41071  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <span style="float: right;"><b>Date: September 5, 2024</b></span>  |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|--|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Spencer County<br>Street Address    110 Reasor Ave<br>City, State Zip    Taylorsville, KY 40071  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other _____  |
| <b>5</b>  | <b>Award Amount: \$60,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management<br><b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

|           |   |   |
|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Taylor County<br>Street Address 1209 E Broadway<br>City, State Zip Campbellsville, KY 42718  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$60,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

|           |  |                                |   |
|-----------|--|--------------------------------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Todd County<br>Street Address    205 Airport Road<br>City, State Zip    Elkton, KY 42220   | <b>7</b>                       | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>                       | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>                       | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b>                      | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$80,000.00</b>   | <b>11</b>                      | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |                                |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |                                |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |                                |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b> |   |



**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Trigg County<br>Street Address 202 Main Street<br>City, State Zip Cadiz, KY 42211  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <span style="float: right;"><b>Date: September 5, 2024</b></span>  |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Trimble County<br>Street Address 116 Wentworth Avenue<br>City, State Zip Bedford, KY 40006   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$60,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <span style="float: right;"><b>Date: September 5, 2024</b></span>  |   |

**Kentucky Department of Education  
Award Notification**

|           |   |   |
|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Union County<br>Street Address 4500 US Highway-60 W<br>City, State Zip Morganfield, KY 42437   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$60,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

|           |  |   |
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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name   Walton Verona Ind.<br>Street Address   16 School Road<br>City, State Zip   Walton, KY 41094   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #   Lalah Brewer<br>Street Address                       300 Sower Blvd<br>Budget Contact – Phone #        Nicole Crosthwaite<br>Street Address                       300 Sower Blvd<br>City, KY Zip                           Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description                       School Resource Officer<br>Fund Source                       State General Funds<br>CFDA#                               N/A<br>MUNIS Project Number         18RL<br>Master Agreement Number     N/A                | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other         _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$40,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   |   |
|           |  | <b>Date: September 5, 2024</b>  |

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Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Warren County<br>Street Address    303 Lovers Lane<br>City, State Zip    Bowling Green, KY 42102   | <b>7</b>  | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>  | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>  | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b> | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other _____   |
| <b>5</b>  | <b>Award Amount: \$340,000.00</b>  | <b>11</b> | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |           |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |           |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |           |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   |           | <b>Date: September 5, 2024</b>  |

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Washington County<br>Street Address    120 Mackville Hill Road<br>City, State Zip    Springfield, KY 40069   | <b>7</b>                       | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>                       | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>                       | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b>                      | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$40,000.00</b>   | <b>11</b>                      | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |                                |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |                                |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |                                |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b> |   |

**Kentucky Department of Education  
Award Notification**

|           |  |                                |   |
|-----------|--|--------------------------------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Wayne County<br>Street Address    150 Cardinal Way<br>City, State Zip    Monticello, KY 42633  | <b>7</b>                       | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>                       | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>                       | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b>                      | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$60,000.00</b>   | <b>11</b>                      | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |                                |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |                                |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |                                |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b> |   |

**Kentucky Department of Education  
Award Notification**

|           |  |                                |   |
|-----------|--|--------------------------------|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Webster Co<br>Street Address    28 State Route 1340<br>City, State Zip    Dixon, KY 42409  | <b>7</b>                       | <b>Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address    300 Sower Blvd<br>Budget Contact – Phone #    Nicole Crosthwaite<br>Street Address    300 Sower Blvd<br>City, KY Zip    Frankfort, KY 40601 | <b>8</b>                       | <b>Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description    School Resource Officer<br>Fund Source    State General Funds<br>CFDA#    N/A<br>MUNIS Project Number    18RL<br>Master Agreement Number    N/A                       | <b>9</b>                       | <b>Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other    _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10</b>                      | <b>Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other   |
| <b>5</b>  | <b>Award Amount: \$80,000.00</b>   | <b>11</b>                      | <b>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>  |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |                                |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |                                |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |                                |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b> |   |



**Kentucky Department of Education  
Award Notification**

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|---|---|
| <b>1 Name and Address of Recipient:</b><br>Agency Name Whitley County<br>Street Address 300 Main Street<br>City, State Zip Williamsburg, KY 40769   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2 KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3 Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4 Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5 Award Amount: \$100,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6 Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12 Consortia/Partnership Members: N/A</b>  |   |
| <b>13 Special Instructions/Conditions:</b>  |   |
| <b>14 Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b>  |

**Kentucky Department of Education  
Award Notification**

|           |   |   |
|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Williamsburg Ind.<br>Street Address 1000 Main Street<br>City, State Zip Williamsburg, KY 40769   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

|           |   |   |
|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Williamstown Ind.<br>Street Address 300 Helton Street<br>City, State Zip Williamstown, KY 41097  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <span style="float: right;"><b>Date: September 5, 2024</b></span>  |   |

**Kentucky Department of Education  
Award Notification**

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|-----------|---|---|
| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Wolfe County<br>Street Address 85 Main Street<br>City, State Zip Campton, KY 41301   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$20,000.00</b>  | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <b>Date: September 5, 2024</b>   |   |

**Kentucky Department of Education  
Award Notification**

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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name Woodford County<br>Street Address 330 Pisgah Pk<br>City, State Zip Versailles, KY 40383  | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone # Lalah Brewer<br>Street Address 300 Sower Blvd<br>Budget Contact – Phone # Nicole Crosthwaite<br>Street Address 300 Sower Blvd<br>City, KY Zip Frankfort, KY 40601 | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description School Resource Officer<br>Fund Source State General Funds<br>CFDA# N/A<br>MUNIS Project Number 18RL<br>Master Agreement Number N/A                       | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other _____  |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>  | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$140,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025   |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>   |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>   |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management <span style="float: right;"><b>Date: September 5, 2024</b></span>  |   |

**Kentucky Department of Education  
Award Notification**

|           |  |   |
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| <b>1</b>  | <b>Name and Address of Recipient:</b><br>Agency Name    Total<br>Street Address<br>City, State Zip    , KY   | <b>7 Fund Type:</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: _____   |
| <b>2</b>  | <b>KDE Contact Information:</b><br>Program Consultant – Phone #    Lalah Brewer<br>Street Address                            300 Sower Blvd<br>Budget Contact – Phone #            Nicole Crosthwaite<br>Street Address                            300 Sower Blvd<br>City, KY Zip                                Frankfort, KY 40601       | <b>8 Method of Payment:</b><br><input type="checkbox"/> Federal Cash Request<br><input checked="" type="checkbox"/> Expenditure Reimbursement<br><input type="checkbox"/> Automatic Payment<br><input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Receipt of Invoice from Vendor |
| <b>3</b>  | <b>Description/Fund Source of Award and Fiscal Year:</b><br>Description                                School Resource Officer<br>Fund Source                                State General Funds<br>CFDA#                                        N/A<br>MUNIS Project Number                18RL<br>Master Agreement Number            N/A | <b>9 Reimbursement Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly <b>Reimbursement with CDIP report</b><br><input type="checkbox"/> Other                                        _____   |
| <b>4</b>  | <b>Grant Authority (Source): KRS 158.441</b>   | <b>10 Financial Reporting Method:</b><br><input checked="" type="checkbox"/> Electronic Submission<br><br><input type="checkbox"/> Other  |
| <b>5</b>  | <b>Award Amount: \$14,840,000.00</b>   | <b>11 Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</b>   |
| <b>6</b>  | <b>Period of Award:</b><br>July 1, 2024-June 30, 2025  |   |
| <b>12</b> | <b>Consortia/Partnership Members: N/A</b>  |   |
| <b>13</b> | <b>Special Instructions/Conditions:</b>  |   |
| <b>14</b> | <b>Authorized By (Name/Title):</b> Nicole Crosthwaite, Budget Branch<br>Division of Budgets & Financial Management   | <b>Date: September 5, 2024</b>  |