

**Kentucky Department of Education
Award Notification**

<p>1</p>	<p>Name and Address of Recipient: Anderson Co. 1160 Bypass North Lawrenceburg, KY 40342</p>	<p>7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____</p>
<p>2</p>	<p>KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601</p>	<p>8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor</p>
<p>3</p>	<p>Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1337</p>	<p>9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u></p>
<p>4</p>	<p>Grant Authority (Source): KRS 158.844</p>	<p>10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____</p>
<p>5</p>	<p>Award Amount: 50000</p>	<p>11 Evaluations:</p>
<p>6</p>	<p>Period of Award: 7/1/17-6/30/18</p>	
<p>12</p>	<p>Consortia/Partnership Members:</p>	
<p>13</p>	<p>Special Instructions/Conditions:</p>	
<p>14</p>	<p>Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017</p>	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Ashland Ind. 1820 Hickman Street Ashland, KY 41105	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1366	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 50000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017	

**Kentucky Department of Education
Award Notification**

<p>1</p>	<p>Name and Address of Recipient: Barren Co. 202 W Washington Street Glasgow, KY 42141</p>	<p>7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____</p>
<p>2</p>	<p>KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601</p>	<p>8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor</p>
<p>3</p>	<p>Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1367</p>	<p>9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u></p>
<p>4</p>	<p>Grant Authority (Source): KRS 158.844</p>	<p>10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____</p>
<p>5</p>	<p>Award Amount: 50000</p>	<p>11 Evaluations:</p>
<p>6</p>	<p>Period of Award: 7/1/17-6/30/18</p>	
<p>12</p>	<p>Consortia/Partnership Members:</p>	
<p>13</p>	<p>Special Instructions/Conditions:</p>	
<p>14</p>	<p>Authorized By (Name/Title): Gretta Hylton, Director of Learning Services</p>	<p>Date: 3/22/2017</p>

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Bullitt Co. 1040 Highway 44E Shepherdsville, KY 40165	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1408	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 150000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Calloway Co. 2110 College Farm Road Murray, KY 42071	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1374	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 50000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017	

**Kentucky Department of Education
Award Notification**

<p>1</p>	<p>Name and Address of Recipient: Campbell Co. 101 Orchard Lane Alexandria, KY 41001</p>	<p>7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____</p>
<p>2</p>	<p>KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601</p>	<p>8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor</p>
<p>3</p>	<p>Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1375</p>	<p>9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u></p>
<p>4</p>	<p>Grant Authority (Source): KRS 158.844</p>	<p>10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____</p>
<p>5</p>	<p>Award Amount: 50000</p>	<p>11 Evaluations:</p>
<p>6</p>	<p>Period of Award: 7/1/17-6/30/18</p>	
<p>12</p>	<p>Consortia/Partnership Members:</p>	
<p>13</p>	<p>Special Instructions/Conditions:</p>	
<p>14</p>	<p>Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017</p>	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Carter Co. 228 S Carol Malone Boulevard Grayson, KY 41143	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1376	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 50000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Clark Co. 1600 W. Lexington Ave. Winchester, KY 40391	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1402	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 100000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Clinton Co. 2353 N Highway 127 Albany, KY 42602	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1377	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 50000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Covington Ind. 25 E Seventh Street Covington, KY 41011	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1403	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 100000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Cumberland Co. 810 North Main Street Burkesville, KY 42717	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1378	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 50000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Danville Ind. 152 E. Martin Luther King Blvd. Danville, KY 40422	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1379	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 50000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Daviess Co. 1622 Southeastern Parkway Owensboro, KY 42303	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1380	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 50000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017	

**Kentucky Department of Education
Award Notification**

<p>1</p>	<p>Name and Address of Recipient: Elliott Co. Main Street, Courthouse Square Sandy Hook, KY 41171</p>	<p>7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____</p>
<p>2</p>	<p>KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601</p>	<p>8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor</p>
<p>3</p>	<p>Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1404</p>	<p>9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u></p>
<p>4</p>	<p>Grant Authority (Source): KRS 158.844</p>	<p>10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____</p>
<p>5</p>	<p>Award Amount: 100000</p>	<p>11 Evaluations:</p>
<p>6</p>	<p>Period of Award: 7/1/17-6/30/18</p>	
<p>12</p>	<p>Consortia/Partnership Members:</p>	
<p>13</p>	<p>Special Instructions/Conditions:</p>	
<p>14</p>	<p>Authorized By (Name/Title): Gretta Hylton, Director of Learning Services</p>	<p>Date: 3/22/2017</p>

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Fayette Co. 701 East Main Street Lexington, KY 40502	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1471	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 300000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services	Date: 3/22/2017

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Franklin Co. 190 Kings Daughter Drive #300 Frankfort, KY 40601	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1381	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 50000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Gallatin Co. 75 Boardwalk Warsaw, KY 41095	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1382	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 50000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Grayson Co. 790 Shaw Station Road Leitchfield, KY 42754	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1409	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 150000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services	Date: 3/22/2017

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Harlan Co. 251 Ball Park Road Harlan, KY 40831	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1410	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 150000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Harrison Co. 308 Webster Avenue Cynthiana, KY 41031	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1383	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 50000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services	Date: 3/22/2017

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Hart Co. 25 Quality Street Munfordville, KY 42765	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1384	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 50000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017	

**Kentucky Department of Education
Award Notification**

<p>1</p>	<p>Name and Address of Recipient: Jackson Co. 3331 Highway 421 South McKee, KY 40447</p>	<p>7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____</p>
<p>2</p>	<p>KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601</p>	<p>8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor</p>
<p>3</p>	<p>Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1385</p>	<p>9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u></p>
<p>4</p>	<p>Grant Authority (Source): KRS 158.844</p>	<p>10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____</p>
<p>5</p>	<p>Award Amount: 50000</p>	<p>11 Evaluations:</p>
<p>6</p>	<p>Period of Award: 7/1/17-6/30/18</p>	
<p>12</p>	<p>Consortia/Partnership Members:</p>	
<p>13</p>	<p>Special Instructions/Conditions:</p>	
<p>14</p>	<p>Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017</p>	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Jefferson Co. 3332 Newburg Road Louisville, KY 40232	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1413	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 200000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services	Date: 3/22/2017

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Jessamine Co. 871 Wilmore Road Nicholasville, KY 40356	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1386	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 50000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Knox Co. 200 Daniel Boone Drive Barbourville, KY 40906	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1387	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 50000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Larue Co. 208 College Street Hodgenville, KY 42748	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1405	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 100000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Lee Co. 342 Lee Avenue Beattyville, KY 41311	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1388	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 50000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017	

**Kentucky Department of Education
Award Notification**

<p>1</p>	<p>Name and Address of Recipient: Lewis Co. 96 Plummer Ln. P.O.Box 159 Vanceburg, KY 41179</p>	<p>7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____</p>
<p>2</p>	<p>KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601</p>	<p>8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor</p>
<p>3</p>	<p>Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1389</p>	<p>9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u></p>
<p>4</p>	<p>Grant Authority (Source): KRS 158.844</p>	<p>10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____</p>
<p>5</p>	<p>Award Amount: 50000</p>	<p>11 Evaluations:</p>
<p>6</p>	<p>Period of Award: 7/1/17-6/30/18</p>	
<p>12</p>	<p>Consortia/Partnership Members:</p>	
<p>13</p>	<p>Special Instructions/Conditions:</p>	
<p>14</p>	<p>Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017</p>	

**Kentucky Department of Education
Award Notification**

<p>1</p>	<p>Name and Address of Recipient: Lincoln Co. 305 Danville Avenue Stanford, KY 40484</p>	<p>7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____</p>
<p>2</p>	<p>KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601</p>	<p>8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor</p>
<p>3</p>	<p>Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1390</p>	<p>9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u></p>
<p>4</p>	<p>Grant Authority (Source): KRS 158.844</p>	<p>10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____</p>
<p>5</p>	<p>Award Amount: 50000</p>	<p>11 Evaluations:</p>
<p>6</p>	<p>Period of Award: 7/1/17-6/30/18</p>	
<p>12</p>	<p>Consortia/Partnership Members:</p>	
<p>13</p>	<p>Special Instructions/Conditions:</p>	
<p>14</p>	<p>Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017</p>	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Livingston Co. 127 East Adair Street Smithland, KY 42081	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1391	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 50000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Logan Co. 2222 Bowling Green Road Russellville, KY 42276	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1414	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 200000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Ludlow Ind. 525 Elm Street Ludlow, KY 41016	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1392	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 50000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Madison Co. 301 Highland Park Drive Richmond, KY 40475	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1473	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 500000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Marshall Co. 86 High School Road Benton, KY 42025	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1412	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 150000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017	

**Kentucky Department of Education
Award Notification**

<p>1</p>	<p>Name and Address of Recipient: Martin Co. 104 East Main Street Inez, KY 41224</p>	<p>7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____</p>
<p>2</p>	<p>KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601</p>	<p>8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor</p>
<p>3</p>	<p>Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1407</p>	<p>9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u></p>
<p>4</p>	<p>Grant Authority (Source): KRS 158.844</p>	<p>10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____</p>
<p>5</p>	<p>Award Amount: 100000</p>	<p>11 Evaluations:</p>
<p>6</p>	<p>Period of Award: 7/1/17-6/30/18</p>	
<p>12</p>	<p>Consortia/Partnership Members:</p>	
<p>13</p>	<p>Special Instructions/Conditions:</p>	
<p>14</p>	<p>Authorized By (Name/Title): Gretta Hylton, Director of Learning Services</p>	<p>Date: 3/22/2017</p>

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Nelson Co . 288 Wildcat Lane Bardstown, KY 40004	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1393	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 50000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Newport Ind. 30 West 8th Street Newport, KY 41071	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1406	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 100000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Oldham Co. 6165 W. Highway 146 Crestwood, KY 40014	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1394	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 50000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Owensboro Ind. 450 Griffith Avenue Owensboro, KY 42301	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1415	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 200000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Paris Ind. 310 West 7th Street Paris, KY 40361	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1395	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 50000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Pike Co. 316 S Mayo Trail Pikeville, KY 41501	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1396	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 50000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Pulaski Co. 501 East University Dr. P.O. Box 1055 Somerset, KY 42502	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1470	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 250000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Scott Co. 2168 Frankfort Pike Georgetown, KY 40324	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1411	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 150000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services	Date: 3/22/2017

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Simpson Co. 430 S. College St. Franklin, KY 42134	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1397	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 50000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Todd Co. 205 Airport Road Elkton, KY 42220	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1398	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 50000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017	

**Kentucky Department of Education
Award Notification**

<p>1</p>	<p>Name and Address of Recipient: Warren Co. 303 Lover's Ln. P.O. Box 51810 Bowling Green, KY 42102</p>	<p>7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____</p>
<p>2</p>	<p>KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601</p>	<p>8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor</p>
<p>3</p>	<p>Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1399</p>	<p>9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u></p>
<p>4</p>	<p>Grant Authority (Source): KRS 158.844</p>	<p>10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____</p>
<p>5</p>	<p>Award Amount: 50000</p>	<p>11 Evaluations:</p>
<p>6</p>	<p>Period of Award: 7/1/17-6/30/18</p>	
<p>12</p>	<p>Consortia/Partnership Members:</p>	
<p>13</p>	<p>Special Instructions/Conditions:</p>	
<p>14</p>	<p>Authorized By (Name/Title): Gretta Hylton, Director of Learning Services</p>	<p>Date: 3/22/2017</p>

**Kentucky Department of Education
Award Notification**

<p>1</p>	<p>Name and Address of Recipient: Wayne Co. 1025 South Main St. Monticello, KY 42633</p>	<p>7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____</p>
<p>2</p>	<p>KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601</p>	<p>8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor</p>
<p>3</p>	<p>Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1400</p>	<p>9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u></p>
<p>4</p>	<p>Grant Authority (Source): KRS 158.844</p>	<p>10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____</p>
<p>5</p>	<p>Award Amount: 50000</p>	<p>11 Evaluations:</p>
<p>6</p>	<p>Period of Award: 7/1/17-6/30/18</p>	
<p>12</p>	<p>Consortia/Partnership Members:</p>	
<p>13</p>	<p>Special Instructions/Conditions:</p>	
<p>14</p>	<p>Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017</p>	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Whitley Co. 300 Main Street Williamsburg, KY 40769	7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____
2	KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601	8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1472	9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u>
4	Grant Authority (Source): KRS 158.844	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____
5	Award Amount: 300000	11 Evaluations:
6	Period of Award: 7/1/17-6/30/18	
12	Consortia/Partnership Members:	
13	Special Instructions/Conditions:	
14	Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017	

**Kentucky Department of Education
Award Notification**

<p>1</p>	<p>Name and Address of Recipient: Wolfe Co. 68 Main Street Campton, KY 41301</p>	<p>7 Fund Type: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: _____</p>
<p>2</p>	<p>KDE Contact Information: Program Consultant: Pamela Pickens 300 Sower Blvd Frankfort, KY 40601 Budget Contact: Lindsey Kimbleton 300 Sower Blvd Frankfort, KY 40601</p>	<p>8 Method of Payment: <input type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input checked="" type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor</p>
<p>3</p>	<p>Description/Fund Source of Award and Fiscal Year: Description: FY18 Math Achievement Fund Grant Fund Source: General MUNIS Project Number: 10LD MOA Number: PON2 17*1401</p>	<p>9 Reimbursement Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>1st Quarter upon receipt of MAF Assurance Stmt; 3rd Quarter upon completion of program reporting</u></p>
<p>4</p>	<p>Grant Authority (Source): KRS 158.844</p>	<p>10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____</p>
<p>5</p>	<p>Award Amount: 50000</p>	<p>11 Evaluations:</p>
<p>6</p>	<p>Period of Award: 7/1/17-6/30/18</p>	
<p>12</p>	<p>Consortia/Partnership Members:</p>	
<p>13</p>	<p>Special Instructions/Conditions:</p>	
<p>14</p>	<p>Authorized By (Name/Title): Gretta Hylton, Director of Learning Services Date: 3/22/2017</p>	