1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Christian County			State
	Street Address 200 Gla	ss Street	1	Federal
	City, State Zip Hopkins	ss Street ville, KY 42240		Other:
	DUNS# 079674	529		10
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Tara Rodriguez (502) 564-3791 ext. 4042		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5 th Floor		Automatic Payment
	Budget Contact	Vickie Terry (502) 564-1979 ext. 4330		Lump Sum
	Street Address	300 Sower Boulevard, 5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY18 Title I School Improvement Grant (SIG)		Quarterly
	Fund Source	Title I, Part A Section 1003(g)		Other
	CFDA#	84.377A		
	PR/AWARD NUMBER (FAIN)	S377A160018		
	MUNIS Project Number	460C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission
	Pass-through Number	3100302-16		
				Other Quarterly MUNIS reports must be emailed to
				Vickie Terry at Vickie.terry@education.ky.gov. A
				report for each school must be submitted.
4	Grant Authority (Source): Ti	tle I, Part A Section 1003(g), <u>34 CFR PART 200</u> and the		
	Education Department Gene	ral Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
		m Administrative Requirements, Cost Principles, and Audit		1.1
	Requirements for Federal Aw	vards in 2 CFR Part 200 and 3474.	ea	th Asset
5	Award Amount: \$562,257.0	0	11	Evaluations:
	Christian Co HS			
6	Period of Award:			
	July 1, 2017 – September 30, 2020			
12	Consortia/Partnership Mem		7	
13	Special Instructions/Conditions: All fund must be encumbered for activities through Sept			30, 2020 by the end of the grant period. The final Federal Cash
	Request must be submitted	•		
14	Authorized By (Name/Title):	Tara Rodriguez, Acting Director		Date: August 31, 2017
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		Fund Type:
	Agency Name Dayton Independent		State
	Street Address 200 Clay Street	1	□ Federal
	Street Address City, State Zip Dayton, KY 41074		Other:
	DUNS# 049154883		
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant Tara Rodriguez (502) 564-3791 ext. 4042		Expenditure Reimbursement
	Street Address 300 Sower Boulevard, 5 th Floor		Automatic Payment
	Budget Contact Vickie Terry (502) 564-1979 ext. 4330		Lump Sum
	Street Address 300 Sower Boulevard, 5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children Children	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY18 Title I School Improvement Grant (SIG)		Quarterly
	Fund Source Title I, Part A Section 1003(g)		Other
	CFDA# 84.377A		
	PR/AWARD NUMBER (FAIN) S377A160018		
	MUNIS Project Number 460C	10	Financial Reporting Method:
	MOA Number N/A		Electronic Submission
	Pass-through Number 310 <mark>0302-16</mark>		
			Other Quarterly MUNIS reports must be emailed to
			Vickie Terry at Vickie.terry@education.ky.gov. A
			report for each school must be submitted.
4	Grant Authority (Source): Title I, Part A Section 1003(g), 34 CFR PART 200 and the		
	Education Department General Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
	77, 81 and 82, and the <u>Uniform Administrative Requirements, Cost Principles, and Audit</u>	00	144
	Requirements for Federal Awards in 2 CFR Part 200 and 3474.	Cal	LII /
5	Award Amount: \$692,145.00	11	Evaluations:
	Dayton HS, 392,552; Dayton MS, 299,593		
6	Period of Award:	. 0	
	July 1, 2017 – September 30, 2020		
12	Consortia/Partnership Members:		
13	Special Instructions/Conditions: All fund must be encumbered for activities through Sep	tember	30, 2020 by the end of the grant period. The final Federal Cash
	Request must be submitted by December 11, 2020.		
14	Authorized By (Name/Title): Tara Rodriguez, Acting Director		Date: August 31, 2017
	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Fleming	County		State
	Street Address 211 W.	Water Street	1	Federal
	City, State Zip Fleming	Water Street sburg, KY 41041		Other:
	DUNS# 1015032	290	7	10
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Tara Rodriguez (502) 564-3791 ext. 4042		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5 th Floor		Automatic Payment
	Budget Contact	Vickie Terry (502) 564-1979 ext. 4330		Lump Sum
	Street Address	300 Sower Boulevard, 5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children =	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY18 Title I School Improvement Grant (SIG)		Quarterly
	Fund Source	Title I, Part A Section 1003(g)		Other
	CFDA#	84.377A		
	PR/AWARD NUMBER (FAIN)	S377A160018		
	MUNIS Project Number	460C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission
	Pass-through Number	3100302-16		
				Other Quarterly MUNIS reports must be emailed to
				Vickie Terry at Vickie.terry@education.ky.gov. A
				report for each school must be submitted.
4		tle I, Part A Section 1003(g), <u>34 CFR PART 200</u> and the		
	•	ral Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
		m Administrative Requirements, Cost Principles, and Audit		141
	Requirements for Federal Aw	rards in 2 CFR Part 200 and 3474.	a	in American
-	A		44	F. alaskina
5	Award Amount: \$447,570.0		11	Evaluations:
_	Fleming Co HS Period of Award:			
6		2020		
12	July 1, 2017 – September 30, 2020 Consortia/Partnership Members:		34	
13	Special Instructions/Conditions: All fund must be encumbered for activities through Septe		omher	20, 2020 by the end of the grant period. The final Federal Cash
13	Request must be submitted		ember	30, 2020 by the end of the grant period. The final redefal Cash
14	-	Tara Rodriguez, Acting Director		Date: August 31, 2017
- '	Division of Consolidated Plans and Audits			/
	<u> </u>	2 3. 3313311ddddd 1 fdfid dfid 7 fddid		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Hopkins County			State
	Street Address 320 S. S	eminary Street	1	Federal
	City, State Zip Madisor	eminary Street nville, KY 42431		Other:
	DUNS# 1006503	175		10
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Tara Rodriguez (502) 564-3791 ext. 4042		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5 th Floor		Automatic Payment
	Budget Contact	Vickie Terry (502) 564-1979 ext. 4330		Lump Sum
	Street Address	300 Sower Boulevard, 5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY18 Title I School Improvement Grant (SIG)		Quarterly
	Fund Source	Title I, Part A Section 1003(g)		Other
	CFDA#	84.377A		
	PR/AWARD NUMBER (FAIN)	S377A160018		
	MUNIS Project Number	460C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission
	Pass-through Number	3100 <mark>302</mark> -16		
				Other Quarterly MUNIS reports must be emailed to
				Vickie Terry at Vickie.terry@education.ky.gov. A
				report for each school must be submitted.
4	Grant Authority (Source): Ti	tle I, Part A Section 1003(g), <u>34 CFR PART 200</u> and the		
	Education Department Gene	ral Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
		rm Administrative Requirements, Cost Principles, and Audit		1.1
	Requirements for Federal Aw	vards in 2 CFR Part 200 and 3474.	ea	th A
5	Award Amount: \$534,682.0	00	11	Evaluations:
	Hopkins Central HS			
6	Period of Award:			
	July 1, 2017 – September 30, 2020			
12	Consortia/Partnership Mem	bers:	71	
13	Special Instructions/Conditions: All fund must be encumbered for activities through Septe			30, 2020 by the end of the grant period. The final Federal Cash
	Request must be submitted			
14	Authorized By (Name/Title):	Tara Rodriguez, Acting Director		Date: August 31, 2017
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Jefferson	County		State
	Street Address 3332 Nev	vburg Road	1	Federal
	City, State Zip Louisville	vburg Road , KY 34020		Other:
	DUNS# 06298443	30	7	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request Expenditure Reimbursement
	Program Consultant	Tara Rodriguez (502) 564-3791 ext. 4042		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5 th Floor		Automatic Payment
	Budget Contact	Vickie Terry (502) 564-1979 ext. 4330		Lump Sum
	Street Address	300 Sower Boulevard, 5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children	9	Reimbursement Frequency:
3	Description/Fund Source of A			Monthly Quarterly
	Description	FY18 Title I School Improvement Grant (SIG)		
	Fund Source	Title I, Part A Section 1003(g)		Other
	CFDA#	84.377A		
	PR/AWARD NUMBER (FAIN)	S377A160018		
	MUNIS Project Number	460C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission
	Pass-through Number	3100302-16		
				Other Quarterly MUNIS reports must be emailed to
				Vickie Terry at Vickie.terry@education.ky.gov. A
				report for each school must be submitted.
4	- 1	e I, Part A Section 1003(g), 34 CFR PART 200 and the		
		Il Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
		n Administrative Requirements, Cost Principles, and Audit	00	1+1
	Requirements for Federal Awa	rds in 2 CFR Part 200 and 3474.	d	Ш
5		30 Southern HS, 253,579; Doss HS, 217,645; Stuart MS,	11	Evaluations:
		5, 339,956; Westport MS, 191,557; Iroquois HS, 310,559;		
		Vestern HS, 427,839; Seneca HS, 202,898; Fairdale HS,		
		Shawnee HS, 310,080; Western MS, 191,085	0	
6	Period of Award:		-4	
	July 1, 2017 – September 30, 2			
12	Consortia/Partnership Members:			
13	= -		ember	30, 2020 by the end of the grant period. The final Federal Cash
	Request must be submitted b			
14	Authorized By (Name/Title):	Tara Rodriguez, Acting Director		Date: August 31, 2017
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Livingston County			State
	Street Address 127 E. A	dair Street	1	Federal
	City, State Zip Smithlar	dair Street nd, KY 42081		Other:
	DUNS# 0404269	900	-	16
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Tara Rodriguez (502) 564-3791 ext. 4042		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5 th Floor		Automatic Payment
	Budget Contact	Vickie Terry (502) 564-1979 ext. 4330		Lump Sum
	Street Address	300 Sower Boulevard, 5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		·
	Description	FY18 Title I School Improvement Grant (SIG)		Monthly Quarterly
	Fund Source	Title I, Part A Section 1003(g)		Other
	CFDA#	84.377A		
	PR/AWARD NUMBER (FAIN)	S377A160018		
	MUNIS Project Number	460C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission
	Pass-through Number	3100302-16		
	-			Other Quarterly MUNIS reports must be emailed to
				Vickie Terry at Vickie.terry@education.ky.gov. A
				report for each school must be submitted.
4	- 1	tle I, Part A Section 1003(g), <u>34 CFR PART 200</u> and the		
	·	ral Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
		m Administrative Requirements, Cost Principles, and Audit		141
	Requirements for Federal Aw	ards in 2 CFR Part 200 and 3474.	eal	in American
_				
5	Award Amount: \$536,512.0	U .	11	Evaluations:
_	Livingston Central HS			
6	Period of Award:	2020		
12	July 1, 2017 – September 30, 2020		-	
12	Consortia/Partnership Mem			20 2020 by the and of the group graind. The final Feb. 10.
13	Request must be submitted		emper	30, 2020 by the end of the grant period. The final Federal Cash
14	-	-		Date: August 31, 2017
14	Authorized By (Name/Title): Tara Rodriguez, Acting Director			Date. August 31, 2017
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Metcalfe County		The same of the sa	State
	Street Address 109 Sart	in Drive	17	Federal
	City, State Zip Edmont	on, KY 42129		Other:
	DUNS# 8089273	383	7.0	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Tara Rodriguez (502) 564-3791 ext. 4042		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5 th Floor		Automatic Payment
	Budget Contact	Vickie Terry (502) 564-1979 ext. 4330		Lump Sum
	Street Address	300 Sower Boulevard, 5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY18 Title I School Improvement Grant (SIG)		Quarterly
	Fund Source	Title I, Part A Section 1003(g)		Other
	CFDA#	84.377A		
	PR/AWARD NUMBER (FAIN)	S377A160018		
	MUNIS Project Number	460C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission
	Pass-through Number	3100302-16		
				Other Quarterly MUNIS reports must be emailed to
				Vickie Terry at Vickie.terry@education.ky.gov. A
				report for each school must be submitted.
4		tle I, Part A Section 1003(g), <u>34 CFR PART 200</u> and the		
	·	al Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
		m Administrative Requirements, Cost Principles, and Audit		141
	Requirements for Federal Aw	ards in 2 CFR Part 200 and 3474.	eal	tn Amerika
5	Award Amount: \$400,191.00	,	11	Evaluations:
	Metcalfe Co HS			
6	Period of Award:	2020		
12	July 1, 2017 – September 30,		77	
12	Consortia/Partnership Members:			
13			ember	30, 2020 by the end of the grant period. The final Federal Cash
14	Request must be submitted	Tara Rodriguez, Acting Director		Date: August 31, 2017
14	Authorized by (Name/ little):	<u> </u>		Date: August 31, 2017
	Division of Consolidated Plans and Audits			

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Pulaski (County	No.	State
	Street Address 501 E. U	Iniversity Drive	1	□ Federal
	City, State Zip Somerse	Iniversity Drive et, KY 42502		Other:
	DUNS# 7889595	591	-	10
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Tara Rodriguez (502) 564-3791 ext. 4042		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5 th Floor		Automatic Payment
	Budget Contact	Vickie Terry (502) 564-1979 ext. 4330		Lump Sum
	Street Address	300 Sower Boulevard, 5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		·
	Description	FY18 Title I School Improvement Grant (SIG)		Monthly Quarterly
	Fund Source	Title I, Part A Section 1003(g)		Other
	CFDA#	84.377A		
	PR/AWARD NUMBER (FAIN)	S377A160018		
	MUNIS Project Number	460C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission
	Pass-through Number	3100 <mark>302-1</mark> 6		
	333			Other Quarterly MUNIS reports must be emailed to
				Vickie Terry at Vickie.terry@education.ky.gov. A
				report for each school must be submitted.
4	- 1	tle I, Part A Section 1003(g), <u>34 CFR PART 200</u> and the		
		ral Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
		m Administrative Requirements, Cost Principles, and Audit		141
	Requirements for Federal Aw	rards in 2 CFR Part 200 and 3474.	d	in A
5	Award Amount: \$480,314.0	0	11	Evaluations:
	Pulaski Co HS			Legisdeloiis
6	Period of Award:			
	July 1, 2017 – September 30,	2020		
12	Consortia/Partnership Members:		7	
13	Special Instructions/Conditions: All fund must be encumbered for activities through Septe			30, 2020 by the end of the grant period. The final Federal Cash
	Request must be submitted by December 11, 2020.			
14	Authorized By (Name/Title):	Tara Rodriguez, Acting Director		Date: August 31, 2017
	Division of Consolidated Plans and Audits			

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Simpsor	n County		State
	Street Address 430 S. C	ollege Street	1	Federal
	City, State Zip Franklin	ollege Street , KY 42134		Other:
	DUNS# 1000279	952		10
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Tara Rodriguez (502) 564-3791 ext. 4042		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5 th Floor		Automatic Payment
	Budget Contact	Vickie Terry (502) 564-1979 ext. 4330		Lump Sum
	Street Address	300 Sower Boulevard, 5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children =	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	FY18 Title I School Improvement Grant (SIG)		Quarterly
	Fund Source	Title I, Part A Section 1003(g)		Other
	CFDA#	84.377A		
	PR/AWARD NUMBER (FAIN)	S377A160018		
	MUNIS Project Number	460C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission
	Pass-through Number	3100302-16		
				Other Quarterly MUNIS reports must be emailed to
				Vickie Terry at Vickie.terry@education.ky.gov. A
				report for each school must be submitted.
4	Grant Authority (Source): Ti	tle I, Part A Section 1003(g), <u>34 CFR PART 200</u> and the		
	Education Department Gene	ral Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
		m Administrative Requirements, Cost Principles, and Audit		1.1
	Requirements for Federal Aw	vards in 2 CFR Part 200 and 3474.	ea	tn A
5	Award Amount: \$565,132.00		11	Evaluations:
	Franklin-Simpson HS			
6	Period of Award:			
	July 1, 2017 – September 30,			
12	Consortia/Partnership Mem			
13	Special Instructions/Conditions: All fund must be encumbered for activities through Sept			30, 2020 by the end of the grant period. The final Federal Cash
	Request must be submitted	•		
14	Authorized By (Name/Title):	Tara Rodriguez, Acting Director		Date: August 31, 2017
		Division of Consolidated Plans and Audits		