1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Adair County		State
	Street Address 1204 Greensburg Street City, State Zip Columbia, KY 42728	4_	Federal
	City, State Zip Columbia, KY 42728		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
_			specific program guidelines to be disseminated by
6	Period of Award:	ta	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Allen County		State
	Street Address 570 Oliver Street	4_	Federal
	Street Address 570 Oliver Street City, State Zip Scottsville, KY 42164		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
		4.4	
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ta	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Anchorage Ind.		State
	Street Address 11400 Ridge Road City, State Zip Anchorage, KY 40223	4_	Federal
	City, State Zip Anchorage, KY 40223		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	C		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	
-			

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Anderson County		State
	Street Address 1160 By Pass North City, State Zip Lawrenceburg, KY 40342	4_	Federal
	City, State Zip Lawrenceburg, KY 40342		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	ea.	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipie	nt:	7	Fund Type:	
	Agency Name Ashland Ind.			State	
	Street Address 1420 Central A	ve 1101 Depar	4_	Federal	
	City, State Zip Ashland, KY 4	1101		Other:	
				10-	
		0.52	8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement	
	Street Address	300 Sower Blvd		Automatic Payment	
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum	
	Street Address	300 Sower Blvd		Lump Sum Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
	3.9, 1.1 <u>=</u> .p	V Children.	9	Reimbursement Frequency:	
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly	
	Description	School Based Mental Health Care		Quarterly	
	2 3 3 3 11 p 11 3 11 p	Provider			
	Fund Source	State General Funds		Other Beginning of Fiscal Year	
	CFDA#	N/A			
	MUNIS Project Number	14MJ			
	Master Agreement Number	N/A	10	Financial Reporting Method:	
	3			Electronic Submission	
4	Grant Authority (Source): KR	S 158.4416		Other	
5	Award Amount: \$43,095.00	()11 <i>r</i>	11	Evaluations: Each program will be evaluated per	
		0 412		specific program guidelines to be disseminated by	
6	Period of Award:	Commonw	ea	KDE Program Contacts.	
	July 1, 2022-June 30, 2023				
12	Consortia/Partnership Membe				
13	Special Instructions/Condition	IS:			
14	Authorized By (Name/Title): N	icole Crosthwaite, Budget Branch		Date: June 29, 2022	
	Division of Budgets & Financial Management				

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Augusta Ind.		State
	Street Address 307 Bracken Street City, State Zip Augusta, KY 41002	4_	☐ Federal
	City, State Zip Augusta, KY 41002		Other:
			40-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd	4	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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ta	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Ballard County		State
	Street Address 3465 Paducah Road City, State Zip Barlow, KY 42024	4_	Federal
	City, State Zip Barlow, KY 42024		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	J. Company of the com		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	O C C		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Barbourville Ind.		State
	Street Address 140 School Street City, State Zip Barbourville, KY 40906	4_	Federal
	City, State Zip Barbourville, KY 40906		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	January Control of the Control of th		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	O dai		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	nt	

1	Name and Address of Recipie	nt:	7	Fund Type:	
	Agency Name Bardstown Ind			State	
	Street Address 308 N Fifth Str	eet	4	Federal	
	City, State Zip Bardstown, KY	eet Depar	l Bi	Other:	
	,			10	
		0.32	8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
-	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement	
	Street Address	300 Sower Blvd		Automatic Payment	
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum	
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor	
				Treceipt of invoice from vendor	
	City, KY Zip	Frankfort, KY 40601		B	
_	D 1 (1 (5 10 10 10 10 10 10 10 10 10 10 10 10 10	Ciliful Cit,	9	Reimbursement Frequency:	
3	Description/Fund Source of A			Monthly	
	Description	School Based Mental Health Care		Quarterly	
		Provider			
	Fund Source	State General Funds		Other Beginning of Fiscal Year	
	CFDA#	N/A			
	MUNIS Project Number	14 <mark>MJ</mark>			
	Master Agreement Number	N/A	10	Financial Reporting Method:	
				Electronic Submission	
4	Grant Authority (Source): KR	S 158.4416		Other	
5	Award Amount: \$43,095.00	()11r	11	Evaluations: Each program will be evaluated per	
				specific program guidelines to be disseminated by	
6	Period of Award:	Commonwo	ea	KDE Program Contacts.	
	July 1, 2022-June 30, 2023				
12	Consortia/Partnership Membe	rs: N/A			
13	Special Instructions/Condition	ns:			
14	Authorized By (Name/Title): N	licole Crosthwaite, Budget Branch		Date: June 29, 2022	
	Division of Budgets & Financial Management				
	,	TITLA ST	11		
		ula			

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Barren County		State
	Street Address 202 West Washington Street City, State Zip Glasgow, KY 42141	4_	Federal
	City, State Zip Glasgow, KY 42141		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bath County		State
	Street Address 405 W Main Street City, State Zip Owingsville, KY 40360	4_	Federal
	City, State Zip Owingsville, KY 40360		Other:
			10-
	Civil	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	ŭ		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Beechwood Ind.		State
	Street Address 50 Beechwood Road City, State Zip Fort Mitchell, KY 41017	4_	Federal
	City, State Zip Fort Mitchell, KY 41017		Other:
			10-
	C	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	ŭ		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bell County		State
	Street Address 211 Virginia Ave City, State Zip Pineville, KY 40977	4_	Federal
	City, State Zip Pineville, KY 40977		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bellevue Ind.		State
	Street Address 219 Center Street City, State Zip Bellevue, KY 41073	4_	Federal
	City, State Zip Bellevue, KY 41073		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Berea Ind.		State
	Street Address 3 Pirate Parkway City, State Zip Berea, KY 40403	4 _	Federal
	City, State Zip Berea, KY 40403		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds	7	Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Boone County		State
	Street Address 8330 US 42 City, State Zip Florence, KY 41042	4_	Federal
	City, State Zip Florence, KY 41042		Other:
			10-
	Civil	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	January Control of the Control of th		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipie	nt:	7	Fund Type:	
	Agency Name Bourbon Coun	ty		State	
	Street Address 3343 Lexington	n Road	4	Federal	
	City, State Zip Paris, KY 403	n Road 61 Depar	l 8 i	Other:	
				10	
			8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement	
	Street Address	300 Sower Blvd		Automatic Payment	
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum	
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601		Treceipt of invoice from vendor	
	City, KT Zip	Flankion, KT 40001	9	Daimhura mant Fraguenau	
	Description/Fund Course of A	Word and Final Vanu	9	Reimbursement Frequency:	
3	Description/Fund Source of A			Monthly	
	Description	School Based Mental Health Care		Quarterly	
		Provider			
	Fund Source	State <mark>General Funds</mark>		Other Beginning of Fiscal Year	
	CFDA#	N/A			
	MUNIS Project Number	14 <mark>MJ</mark>			
	Master Agreement Number	N/A	10	Financial Reporting Method:	
				Electronic Submission	
4	Grant Authority (Source): KR	S 158.4416		Other	
5	Award Amount: \$43,095.00	Ull	11	Evaluations: Each program will be evaluated per	
				specific program guidelines to be disseminated by	
6	Period of Award:	Lommonw	ea.	KDE Program Contacts.	
	July 1, 2022-June 30, 2023				
12	Consortia/Partnership Membe	rs: N/A			
13	Special Instructions/Condition	ns:			
14	Authorized By (Name/Title): N	licole Crosthwaite, Budget Branch		Date: June 29, 2022	
	Division of Budgets & Financial Management				
		WIII CA	111		
		- uca			

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bowling Green Ind.		State
	Street Address 1211 Center Street City, State Zip Bowling Green, KY 42101	4_	Federal
	City, State Zip Bowling Green, KY 42101		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Boyd County		State
	Street Address 1104 Bob McCullough Drive City, State Zip Ashland, KY 41102	4_	Federal
	City, State Zip Ashland, KY 41102		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
_			specific program guidelines to be disseminated by
6	Period of Award:	Pa	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Boyle County		State State
	Street Address 352 N Danville By-Pass City, State Zip Danville, KY 40422	4_	Federal
	City, State Zip Danville, KY 40422		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd	4	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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bracken County		State
	Street Address 348 West Miami Street City, State Zip Brooksville, KY 41004	4_	Federal
	City, State Zip Brooksville, KY 41004		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	C		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	
-			

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Breathitt County		State
	Street Address 420 Court Street	4_	Federal
	Street Address 420 Court Street City, State Zip Jackson, KY 41339		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
		4.4	
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	ta	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Breckinridge County		State
	Street Address 86 Airport Road City, State Zip Hardinsburg, KY 40143	4_	Federal
	City, State Zip Hardinsburg, KY 40143		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd	4	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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bullitt County		State
	Street Address 1040 Hwy 44 E City, State Zip Shepherdsville, KY 40165	4_	Federal
	City, State Zip Shepherdsville, KY 40165		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
_			specific program guidelines to be disseminated by
6	Period of Award:	Pa	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Burgin Ind.		State
	Street Address 140 Danville Road City, State Zip Burgin, KY 40310	4_	Federal
	City, State Zip Burgin, KY 40310		Other:
			10-
	C	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	J. Company of the com		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	Odi		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Butler County		State
	Street Address 203 N Tyler Street City, State Zip Morgantown, KY 42261	4_	Federal
	City, State Zip Morgantown, KY 42261		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	J. Company of the com		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	Odi		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Caldwell County		State
	Street Address 612 West Washington Street City, State Zip Princeton, KY 42445	4_	Federal
	City, State Zip Princeton, KY 42445		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
_			specific program guidelines to be disseminated by
6	Period of Award:	Pa	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Calloway County		State
	Street Address 2110 College Farm Road City, State Zip Murray, KY 42071	4_	Federal
	City, State Zip Murray, KY 42071		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds	F	Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
		1	specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Campbell County		State
	Street Address 101 Orchard Lane	4_	Federal
	Street Address 101 Orchard Lane City, State Zip Alexandria, KY 41001		Other:
			10-
	CAR	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	ŭ		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipie	nt:	7	Fund Type:	
	Agency Name Campbellsville	Ind.		State	
	Street Address 136 S Columb	ia Avenue	4	Federal	
	City, State Zip Campbellsville	ia Avenue Darrie Nepare	l Bi	Other:	
	- 3,				
		6.32	8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement	
	Street Address	300 Sower Blvd		Automatic Payment	
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum	
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor	
				Treceipt of invoice from vendor	
	City, KY Zip	Frankfort, KY 40601		B	
_	D 1 (1 (5 10 10 10 10 10 10 10 10 10 10 10 10 10	Cilifui Cit,	9	Reimbursement Frequency:	
3	Description/Fund Source of A			Monthly	
	Description	School Based Mental Health Care		Quarterly	
		Provider			
	Fund Source	State General Funds		Other Beginning of Fiscal Year	
	CFDA#	N/A			
	MUNIS Project Number	14 <mark>MJ</mark>			
	Master Agreement Number	N/A	10	Financial Reporting Method:	
				Electronic Submission	
4	Grant Authority (Source): KR	S 158.4416		Other	
5	Award Amount: \$43,095.00	()11r	11	Evaluations: Each program will be evaluated per	
				specific program guidelines to be disseminated by	
6	Period of Award:	Commonw	ea.	KDE Program Contacts.	
	July 1, 2022-June 30, 2023	Committee			
12	Consortia/Partnership Membe	rs: N/A			
13	Special Instructions/Condition	ns:			
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 29, 2022				
	Division of Budgets & Financial Management				
		TUITO	11		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Carlisle County		State
	Street Address 4557 State Rt 1377 City, State Zip Bardwell, KY 42023	4-	Federal
	City, State Zip Bardwell, KY 42023		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ta	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Carroll County		State
	Street Address 813 Hawkins Street	4_	Federal
	Street Address 813 Hawkins Street City, State Zip Carrollton, KY 41008		Other:
			10-
	C	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	J. Company of the com		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	Odi		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Carter County		State
	Street Address 228 S Carol Malone Blvd. City, State Zip Grayson, KY 41143	4_	Federal
	City, State Zip Grayson, KY 41143		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
_			specific program guidelines to be disseminated by
6	Period of Award:	Pa	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Casey County		State
	Street Address 1922 N Us 127 City, State Zip Liberty, KY 42539	4_	Federal
	City, State Zip Liberty, KY 42539		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd	4	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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds	7	Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipie	nt:	7	Fund Type:	
	Agency Name Caverna Ind.			State	
	Street Address 1102 N Dixie H	Hwy Depar	4_	Federal	
	City, State Zip Cave City, KY	42127		Other:	
				10-	
		6.32	8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement	
	Street Address	300 Sower Blvd		Automatic Payment	
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum	
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
	Sity, 111 2.1p	Children.	9	Reimbursement Frequency:	
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly	
	Description	School Based Mental Health Care		Quarterly	
	Boompaion	Provider		- Quartony	
	Fund Source	State General Funds		Other Beginning of Fiscal Year	
	CFDA#	N/A			
	MUNIS Project Number	14MJ			
	Master Agreement Number	N/A	10	Financial Reporting Method:	
				Electronic Submission	
4	Grant Authority (Source): KR	S 158.4416		Other	
5	Award Amount: \$43,095.00	()11r	11	Evaluations: Each program will be evaluated per	
				specific program guidelines to be disseminated by	
6	Period of Award:	Commonwo	ea	KDE Program Contacts.	
	July 1, 2022-June 30, 2023	Committee			
12	Consortia/Partnership Membe	rs: N/A			
13	Special Instructions/Condition	ns:			
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 29, 2022				
		ivision of Budgets & Financial Managemer	nt		
		YUI1CA			

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Christian County		State State
	Street Address 200 Glass Avenue City, State Zip Hopkinsville, KY 42240	4_	Federal
	City, State Zip Hopkinsville, KY 42240	G i	Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd	4	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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
_			specific program guidelines to be disseminated by
6	Period of Award: Commonwy	tal	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Clark County		State
	Street Address 1600 W Lexington Avenue City, State Zip Winchester, KY 40391	4_	Federal
	City, State Zip Winchester, KY 40391		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Clay County		State
	Street Address 128 Richmond Road City, State Zip Manchester, KY 40962	4_	Federal
	City, State Zip Manchester, KY 40962		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipie	nt:	7	Fund Type:	
	Agency Name Clinton County			State	
	Street Address 2353 Business	127 N 1602 Depar	4_	Federal	
	City, State Zip Albany, KY 42	2602		Other:	
				10-	
		C	8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement	
	Street Address	300 Sower Blvd		Automatic Payment	
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum	
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
	,,,,,,,, .	Unilgren.	9	Reimbursement Frequency:	
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly	
	Description	School Based Mental Health Care		Quarterly	
		Provider			
	Fund Source	State General Funds		Other Beginning of Fiscal Year	
	CFDA#	N/A			
	MUNIS Project Number	14MJ			
	Master Agreement Number	N/A	10	Financial Reporting Method:	
	J			Electronic Submission	
4	Grant Authority (Source): KR	S 158.4416		Other	
5	Award Amount: \$43,095.00	()11r	11	Evaluations: Each program will be evaluated per	
				specific program guidelines to be disseminated by	
6	Period of Award:	Commonwo	ea	KDE Program Contacts.	
	July 1, 2022-June 30, 2023				
12	Consortia/Partnership Membe	rs: N/A			
13	Special Instructions/Condition	ns:			
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 29, 2022				
	Division of Budgets & Financial Management				

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Cloverport Ind.		State
	Street Address 214 W Main Street City, State Zip Cloverport, KY 40111	4_	Federal
	City, State Zip Cloverport, KY 40111		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
_			specific program guidelines to be disseminated by
6	Period of Award:	eal	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Corbin Ind.		State
	Street Address 108 Roy Kidd Avenue City, State Zip Corbin, KY 40701	4_	Federal
	City, State Zip Corbin, KY 40701		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd	4	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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds	7	Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	ta	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:		
	Agency Name Covington Ind.		State		
	Street Address 25 E Seventh Street City, State Zip Covington, KY 41011	4_	Federal		
	City, State Zip Covington, KY 41011		Other:		
			10-		
		8	Method of Payment:		
2	KDE Contact Information:		Federal Cash Request		
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement		
	Street Address 300 Sower Blvd		Automatic Payment		
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum		
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly		
	Provider				
	Fund Source State General Funds		Other Beginning of Fiscal Year		
	CFDA# N/A				
	MUNIS Project Number 14MJ				
	Master Agreement Number N/A	10	Financial Reporting Method:		
	3		Electronic Submission		
4	Grant Authority (Source): KRS 158.4416		Other		
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per		
			specific program guidelines to be disseminated by		
6	Period of Award:	ea	KDE Program Contacts.		
	July 1, 2022-June 30, 2023				
12	Consortia/Partnership Members: N/A				
13	Special Instructions/Conditions:				
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022		
	Division of Budgets & Financial Managemen	t			

1	Name and Address of Recipient:	7	Fund Type:		
	Agency Name Crittenden County		State		
	Street Address 601 W Elm Street City, State Zip Marion, KY 42064	4_	Federal		
	City, State Zip Marion, KY 42064		Other:		
			10-		
		8	Method of Payment:		
2	KDE Contact Information:		Federal Cash Request		
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement		
	Street Address 300 Sower Blvd		Automatic Payment		
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum		
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly		
	Provider		Quartony		
	Fund Source State General Funds		Other Beginning of Fiscal Year		
	CFDA# N/A		20gg 011100011001		
	MUNIS Project Number 14MJ				
	Master Agreement Number N/A	10	Financial Reporting Method:		
	Master Agreement Turner	. •	Electronic Submission		
			Z Electronic capinicolon		
4	Grant Authority (Source): KRS 158.4416		Other		
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per		
	Our		specific program guidelines to be disseminated by		
6	Period of Award:	2	KDE Program Contacts.		
	July 1, 2022-June 30, 2023				
12	Consortia/Partnership Members: N/A				
13	Special Instructions/Conditions:				
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022		
	Division of Budgets & Financial Managemen	t			

1	Name and Address of Recipient:	7	Fund Type:		
	Agency Name Cumberland County		State		
	Street Address 810 N Main Street City, State Zip Burkesville, KY 42717	4_	Federal		
	City, State Zip Burkesville, KY 42717		Other:		
			10-		
		8	Method of Payment:		
2	KDE Contact Information:		Federal Cash Request		
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement		
	Street Address 300 Sower Blvd		Automatic Payment		
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum		
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly		
	Provider				
	Fund Source State General Funds		Other Beginning of Fiscal Year		
	CFDA# N/A				
	MUNIS Project Number 14MJ				
	Master Agreement Number N/A	10	Financial Reporting Method:		
	J. Company of the com		Electronic Submission		
4	Grant Authority (Source): KRS 158.4416		Other		
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per		
	O dai		specific program guidelines to be disseminated by		
6	Period of Award:	ea	KDE Program Contacts.		
	July 1, 2022-June 30, 2023				
12	Consortia/Partnership Members: N/A				
13	Special Instructions/Conditions:				
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022		
	Division of Budgets & Financial Managemen	t			
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1	Name and Address of Recipie	nt:	7	Fund Type:	
	Agency Name Danville Ind.			State	
	Street Address 152 E. Martin I	Luther King Blvd.	4	Federal	
	City, State Zip Danville, KY 4	0422	l Bi	Other:	
	,			10	
		6.32	8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
-	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement	
	Street Address	300 Sower Blvd		Automatic Payment	
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum	
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor	
				Treceipt of invoice from vendor	
	City, KY Zip	Frankfort, KY 40601		B	
_	D 1 (1 (5 10 10 10 10 10 10 10 10 10 10 10 10 10	Cilifui Cit,	9	Reimbursement Frequency:	
3	Description/Fund Source of A			Monthly	
	Description	School Based Mental Health Care		Quarterly	
		Provider			
	Fund Source	State General Funds		Other Beginning of Fiscal Year	
	CFDA#	N/A			
	MUNIS Project Number	14 <mark>MJ</mark>			
	Master Agreement Number	N/A	10	Financial Reporting Method:	
				Electronic Submission	
4	Grant Authority (Source): KR	S 158.4416		Other	
5	Award Amount: \$43,095.00	()11r	11	Evaluations: Each program will be evaluated per	
				specific program guidelines to be disseminated by	
6	Period of Award:	Commonw	ea.	KDE Program Contacts.	
	July 1, 2022-June 30, 2023	Committee			
12	Consortia/Partnership Membe	rs: N/A			
13	Special Instructions/Condition	ns:			
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 29, 2022				
	Division of Budgets & Financial Management				
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		- Jula			

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Daviess County		State
	Street Address 1622 Southeastern Parkway City, State Zip Owensboro, KY 42303	4_	Federal
	City, State Zip Owensboro, KY 42303		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
		<u> </u>	
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea.	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	nt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Dawson Springs Ind.		State
	Street Address 118 E Arcadia Avenue City, State Zip Dawson Springs, KY 42408	4_	Federal
	City, State Zip Dawson Springs, KY 42408		Other:
			10
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd	1	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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds	7	Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
_			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Dayton Ind.		State State
	Street Address 200 Clay Street	4_	Federal
	Street Address 200 Clay Street City, State Zip Dayton, KY 41074		Other:
			40-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd	4	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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds	7	Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	ta	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name East Bernstadt Ind.			State State	
	Street Address 296 East Highway 3	3094	4_	Federal	
	City, State Zip East Bernstadt, KY	3094 40729 Depar		Other:	
				40-	
		6.32	8	Method of Payment:	
2	KDE Contact Information:	1		Federal Cash Request	
	Program Consultant – Phone # Chr	ristina Weeter		Expenditure Reimbursement	
		O Sower Blvd		Automatic Payment	
	Budget Contact – Phone # Nic	cole Crosthwaite		Lump Sum	
	9	O Sower Blvd		Lump Sum Receipt of Invoice from Vendor	
		ankfort, KY 40601			
	5.ty, 11. 2.p	Children.	9	Reimbursement Frequency:	
3	Description/Fund Source of Award	l and Fiscal Year:		Monthly	
		hool Based Mental Health Care		Quarterly	
	•	ovider		quarterly	
		ate General Funds		Other Beginning of Fiscal Year	
	CFDA# N/A				
	MUNIS Project Number 14N				
	Master Agreement Number N/A		10	Financial Reporting Method:	
	Master / Igreement / Idrael		. •	Electronic Submission	
				Z Electronic capinicolon	
4	Grant Authority (Source): KRS 158	8.4416		Other Other	
5	Award Amount: \$43,095.00	()11r	11	Evaluations: Each program will be evaluated per	
		Odi		specific program guidelines to be disseminated by	
6	Period of Award:	Commonwe	22	KDE Program Contacts.	
	July 1, 2022-June 30, 2023				
12	Consortia/Partnership Members: N	I/A			
13	Special Instructions/Conditions:				
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 29, 2022				
	Divisio	on of Budgets & Financial Management	t		
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Edmonson County		State
	Street Address 100 Wildcat Way City, State Zip Brownsville, KY 42210	4_	Federal
	City, State Zip Brownsville, KY 42210		Other:
			10
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	ea.	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipie	nt:	7	Fund Type:	
	Agency Name Elizabethtown	Ind.		State	
	Street Address 219 Helm Stre	et Denam	4	Federal	
	City, State Zip Elizabethtown,	et KY 42701 Depar	l B i	Other:	
	- 3,			10	
		6.32	8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
-	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement	
	Street Address	300 Sower Blvd		Automatic Payment	
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum	
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor	
				Treceipt of invoice from vendor	
	City, KY Zip	Frankfort, KY 40601		D. I.	
_	D 1 (1 (5 10 10 10 10 10 10 10 10 10 10 10 10 10	Cilifui Cit,	9	Reimbursement Frequency:	
3	Description/Fund Source of A			Monthly	
	Description	School Based Mental Health Care		Quarterly	
		Provider			
	Fund Source	State General Funds		Other Beginning of Fiscal Year	
	CFDA#	N/A			
	MUNIS Project Number	14 <mark>MJ</mark>			
	Master Agreement Number	N/A	10	Financial Reporting Method:	
				Electronic Submission	
4	Grant Authority (Source): KR	S 158.4416		Other	
5	Award Amount: \$43,095.00	()11r	11	Evaluations: Each program will be evaluated per	
				specific program guidelines to be disseminated by	
6	Period of Award:	Commonw	ea.	KDE Program Contacts.	
	July 1, 2022-June 30, 2023				
12	Consortia/Partnership Membe	rs: N/A			
13	Special Instructions/Condition	ns:			
14	4 Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 29, 2022				
	Division of Budgets & Financial Management				
		TUITO			

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Elliott County		State
	Street Address P.O. Box 767 City, State Zip Sandy Hook, KY 41171	4_	Federal
	City, State Zip Sandy Hook, KY 41171		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	3		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Eminence Ind.		State
	Street Address 291 West Broadway Street City, State Zip Eminence, KY 40019	4_	Federal
	City, State Zip Eminence, KY 40019		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
		4.4	
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ta	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Erlanger-Elsmere Ind.		State
	Street Address 500 Graves Avenue City, State Zip Erlanger, KY 41018	4_	☐ Federal
	City, State Zip Erlanger, KY 41018		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd	4	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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds	7	Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ta	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:		Fund Type:
	Agency Name Estill County		State
	Street Address 253 Main Street City, State Zip Irvine, KY 40336	4_	Federal
	City, State Zip Irvine, KY 40336		Other:
			10-
	C	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	January Control of the Control of th		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Fairview Ind.		State
	Street Address 2100 Main Street City, State Zip Ashland, KY 41102	4_	Federal
	City, State Zip Ashland, KY 41102		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd	4	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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds	7	Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
_			specific program guidelines to be disseminated by
6	Period of Award: Commonw	ta	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Fayette County		State
	Street Address 701 East Main Street	4_	Federal
	Street Address 701 East Main Street City, State Zip Lexington, KY 40505		Other:
			46
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	ŭ		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:		
	Agency Name Fleming County		State		
	Street Address 211 W Water Street	1	Federal		
	Street Address 211 W Water Street City, State Zip Flemingsburg, KY 41041		Other:		
	3,7,1		10		
		8	Method of Payment:		
2	KDE Contact Information:		Federal Cash Request		
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement		
	Street Address 300 Sower Blvd		Automatic Payment		
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum		
	Street Address 300 Sower Blvd		Lump Sum Receipt of Invoice from Vendor		
	City, KY Zip Frankfort, KY 40601		Treceipt of invoice from vendor		
	City, KT Zip	9	Daimhura amant François		
	Description/Fund Course of Assert and Figure 1 Very	9	Reimbursement Frequency:		
3	Description/Fund Source of Award and Fiscal Year:		Monthly		
	Description School Based Mental Health Care		Quarterly		
	Provider				
	Fund Source State General Funds		Other Beginning of Fiscal Year		
	CFDA# N/A				
	MUNIS Project Number 14MJ				
	Master Agreement Number N/A	10	Financial Reporting Method:		
			Electronic Submission		
4	Grant Authority (Source): KRS 158.4416		Other		
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per		
			specific program guidelines to be disseminated by		
6	Period of Award:	ea	KDE Program Contacts.		
	July 1, 2022-June 30, 2023				
12	Consortia/Partnership Members: N/A				
13	Special Instructions/Conditions:				
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 29, 2022				
	Division of Budgets & Financial Manageme	nt			
	VIIIO				
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1	Name and Address of Recipient:		Fund Type:
	Agency Name Floyd County		State
	Street Address 106 North Front Avenue City, State Zip Prestonsburg, KY 41653	4_	Federal
	City, State Zip Prestonsburg, KY 41653		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	J. Company of the com		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	O dai		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:		Fund	d Type:	
	Agency Name Fort Thomas Ind.			State	
	Street Address 28 N Ft Thomas Avenue	TIGHTAL		Federal	
	City, State Zip Fort Thomas, KY 41075	, Departi		Other:	
		8	Meth	nod of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant – Phone # Christina Weete	er		Expenditure Reimbursement	
	Street Address 300 Sower Blvd	1		Automatic Payment	
	Budget Contact – Phone # Nicole Crosthw	aite		Lump Sum	
	Street Address 300 Sower Blvd			Receipt of Invoice from Vendor	
	City, KY Zip Frankfort, KY 4	0601			
		Idren.	Rein	nbursement Frequency:	
3	Description/Fund Source of Award and Fiscal			Monthly	
		Mental Health Care		Quarterly	
	Provider			Z	
	Fund Source State General F	Funds		Other Beginning of Fiscal Year	
	CFDA# N/A				
	MUNIS Project Number 14MJ				
	Master Agreement Number N/A	10	Fina	ncial Reporting Method:	
	and the second s			Electronic Submission	
4	Grant Authority (Source): KRS 158.4416			Other	
5	Award Amount: \$43,095.00	()111° 11		uations: Each program will be evaluated per	
		Jul		cific program guidelines to be disseminated by	
6	Period of Award:	ommonwea	KDE	Program Contacts.	
	July 1, 2022-June 30, 2023				
12	Consortia/Partnership Members: N/A				
13	Special Instructions/Conditions:				
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 29, 2022				
	Division of Budget	s & Financial Management			
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1	Name and Address of Recipient:	7	Fund Type:		
	Agency Name Frankfort Ind.		State		
	Street Address 959 Leestown Lane City, State Zip Frankfort, KY 40601	104	Federal		
	City, State Zip Frankfort, KY 40601		Other:		
			40-		
	C	8	Method of Payment:		
2	KDE Contact Information:		Federal Cash Request		
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement		
	Street Address 300 Sower Blvd		Automatic Payment		
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum		
	Street Address 300 Sower Blvd		Lump Sum 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 School Based Mental Health Care		Quarterly		
	Provider				
	Fund Source State General Funds		Other Beginning of Fiscal Year		
	CFDA# N/A				
	MUNIS Project Number 14MJ				
	Master Agreement Number N/A	10	Financial Reporting Method:		
	ŭ		Electronic Submission		
4	Grant Authority (Source): KRS 158.4416		Other		
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per		
			specific program guidelines to be disseminated by		
6	Period of Award:	vea	KDE Program Contacts.		
	July 1, 2022-June 30, 2023				
12	Consortia/Partnership Members: N/A				
13	Special Instructions/Conditions:				
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022		
	Division of Budgets & Financial Management				

1	Name and Address of Recipie	nt:	7	Fund Type:	
	Agency Name Franklin Count	ry .		State	
	Street Address 190 Kings Dau	ighters Drive #300	4	Federal	
	City, State Zip Frankfort, KY	40601	l Bi	Other:	
	, ,			In .	
		6.32	8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
-	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement	
	Street Address	300 Sower Blvd		Automatic Payment	
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum	
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor	
				Treceipt of invoice from vendor	
	City, KY Zip	Frankfort, KY 40601		B. I. I.	
_	D 1 11 15 10 10 1	Cilifui Cit,	9	Reimbursement Frequency:	
3	Description/Fund Source of A			Monthly	
	Description	School Based Mental Health Care		Quarterly	
		Provider			
	Fund Source	State General Funds		Other Beginning of Fiscal Year	
	CFDA#	N/A			
	MUNIS Project Number	14 <mark>MJ</mark>			
	Master Agreement Number	N/A	10	Financial Reporting Method:	
				Electronic Submission	
4	Grant Authority (Source): KR	S 158.4416		Other	
5	Award Amount: \$43,095.00	()11r	11	Evaluations: Each program will be evaluated per	
				specific program guidelines to be disseminated by	
6	Period of Award:	Commonw	ea.	KDE Program Contacts.	
	July 1, 2022-June 30, 2023				
12	Consortia/Partnership Membe	rs: N/A			
13	Special Instructions/Condition	ns:			
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 29, 2022				
	Division of Budgets & Financial Management				
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Fulton County		State
	Street Address 2780 Moscow Avenue	4_	Federal
	Street Address 2780 Moscow Avenue City, State Zip Hickman, KY 42050		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd	4	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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Fulton Ind.		State
	Street Address 304 West State Line City, State Zip Fulton, KY 42041	4_	Federal
	City, State Zip Fulton, KY 42041		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd	4	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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Gallatin County		State
	Street Address 600 E Main Street	4_	Federal
	Street Address 600 E Main Street City, State Zip Warsaw, KY 41095		Other:
			10-
	C	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	The state of the s		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	Odi		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Garrard County		State
	Street Address 322 West Maple Avenue City, State Zip Lancaster, KY 40444	4_	Federal
	City, State Zip Lancaster, KY 40444		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds	F	Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	ŭ		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Glasgow Ind.		State
	Street Address 711 S. L. Rogers Wells Blvd. City. State Zip Glasgow, KY 42142	4_	Federal
	City, State Zip Glasgow, KY 42142		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	3		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipie	nt:	7	Fund Type:	
	Agency Name Grant County			State	
	Street Address 820 Arnie Rise	n Boulevard	4_	Federal	
	City, State Zip Williamstown,	n Boulevard KY 41097		Other:	
				10-	
		6.32	8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement	
	Street Address	300 Sower Blvd		Automatic Payment	
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum	
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
	Sity, 111 2.1p	Children.	9	Reimbursement Frequency:	
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly	
	Description	School Based Mental Health Care		Quarterly	
	Boompaion	Provider		- Quartony	
	Fund Source	State General Funds		Other Beginning of Fiscal Year	
	CFDA#	N/A			
	MUNIS Project Number	14MJ			
	Master Agreement Number	N/A	10	Financial Reporting Method:	
				Electronic Submission	
4	Grant Authority (Source): KR	S 158.4416		Other	
5	Award Amount: \$43,095.00	()11r	11	Evaluations: Each program will be evaluated per	
				specific program guidelines to be disseminated by	
6	Period of Award:	Commonw	P.A	KDE Program Contacts.	
	July 1, 2022-June 30, 2023	COLLECTION			
12	Consortia/Partnership Membe	rs: N/A			
13	Special Instructions/Condition	ns:			
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 29, 2022				
	Division of Budgets & Financial Management				
			18 3		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Graves County		State
	Street Address 2290 State Rt 121 N. City, State Zip Mayfield, KY 42066	4_	Federal
	City, State Zip Mayfield, KY 42066		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Grayson County		State
	Street Address 790 Shaw Station Road City, State Zip Leitchfield, KY 42755	4_	Federal
	City, State Zip Leitchfield, KY 42755		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ta	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Green County		State
	Street Address 206 West Court Street City, State Zip Greensburg, KY 42743	4_	Federal
	City, State Zip Greensburg, KY 42743		Other:
			10-
	Civil	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	J. Company of the com		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	Odi		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	
-			

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Greenup County		State
	Street Address 45 Musketeer Drive	104	Federal
	Street Address 45 Musketeer Drive City, State Zip Greenup, KY 41144		Other:
			48-
	C	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Lump Sum 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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	January Company of the Company of th		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	vea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Manager	ment	
	Will Co		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Hancock County		State
	Street Address 83 State Route 3543 City, State Zip Hawesville, KY 42348	4_	Federal
	City, State Zip Hawesville, KY 42348		Other:
			10-
	CAR	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds	-	Other Beginning of Fiscal Year
	CFDA# N/A		203
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
		1	specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Hardin County		State
	Street Address 65 W A Jenkins Road City, State Zip Elizabethtown, KY 42701	4_	Federal
	City, State Zip Elizabethtown, KY 42701		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ta	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:		
	Agency Name Harlan County		State		
	Street Address 251 Ball Park Road City, State Zip Harlan, KY 40831	4_	Federal		
	City, State Zip Harlan, KY 40831		Other:		
			10-		
	CAR	8	Method of Payment:		
2	KDE Contact Information:		Federal Cash Request		
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement		
	Street Address 300 Sower Blvd		Automatic Payment		
	Budget Contact – Phone # Nicole Crosthwaite				
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly		
	Provider				
	Fund Source State General Funds		Other Beginning of Fiscal Year		
	CFDA# N/A				
	MUNIS Project Number 14MJ				
	Master Agreement Number N/A	10	Financial Reporting Method:		
	J. Company of the com		Electronic Submission		
4	Grant Authority (Source): KRS 158.4416		Other		
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per		
	Odi		specific program guidelines to be disseminated by		
6	Period of Award:	ea	KDE Program Contacts.		
	July 1, 2022-June 30, 2023				
12	Consortia/Partnership Members: N/A				
13	Special Instructions/Conditions:				
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022		
	Division of Budgets & Financial Managemen	t			

1	Name and Address of Recipient:	7	Fund Type:		
	Agency Name Harlan Ind.		State		
	Street Address 420 E Central Street City, State Zip Harlan, KY 40831	4_	Federal		
	City, State Zip Harlan, KY 40831		Other:		
			10-		
		8	Method of Payment:		
2	KDE Contact Information:		Federal Cash Request		
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement		
	Street Address 300 Sower Blvd		Automatic Payment		
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum		
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly		
	Provider		Quarterly		
	Fund Source State General Funds		Other Beginning of Fiscal Year		
	CFDA# N/A		Degining of Fiscal Teal		
	MUNIS Project Number 14MJ				
	Master Agreement Number N/A	10	Financial Reporting Method:		
	Waster Agreement Warnber	10	Electronic Submission		
			Z Electionic oubinission		
4	Grant Authority (Source): KRS 158.4416		Other		
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per		
	Our		specific program guidelines to be disseminated by		
6	Period of Award:	2	KDE Program Contacts.		
	July 1, 2022-June 30, 2023				
12	Consortia/Partnership Members: N/A	•			
13	Special Instructions/Conditions:				
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022		
	Division of Budgets & Financial Managemen	t			
-					

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Harrison County		State
	Street Address 308 Webster Avenue	4_	Federal
	Street Address 308 Webster Avenue City, State Zip Cynthiana, KY 41031		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ta	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Hart County		State
	Street Address 25 Quality Street City, State Zip Munfordville, KY 42765	4_	Federal
	City, State Zip Munfordville, KY 42765		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd	4	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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds	7	Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	ta	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Hazard Ind.		State
	Street Address 705 Main Street	4_	Federal
	Street Address 705 Main Street City, State Zip Hazard, KY 41701		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
		4.4	
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ta	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipier	nt:	7	Fund Type:
	Agency Name Henderson Co	unty		State
	Street Address 1805 Second S	Street Depar	4_	Federal
	City, State Zip Henderson, KY	42420		Other:
				10-
		6.32	8	Method of Payment:
2	KDE Contact Information:	1		Federal Cash Request
	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement
	Street Address	300 Sower Blvd		Automatic Payment
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum
	Street Address	300 Sower Blvd		Lump Sum Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
	Sity, ICL Exp	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Av	ward and Fiscal Year:		Monthly
	Description Description	School Based Mental Health Care		Quarterly
	Becompain	Provider		Quartorry
	Fund Source	State General Funds		Other Beginning of Fiscal Year
	CFDA#	N/A		
	MUNIS Project Number	14MJ		
	Master Agreement Number	N/A	10	Financial Reporting Method:
	Master / tgreenient rumber		. •	Electronic Submission
				Zissione sasmission
4	Grant Authority (Source): KRS	S 158.4416		Other
5	Award Amount: \$43,095.00	()11r	11	Evaluations: Each program will be evaluated per
		Our		specific program guidelines to be disseminated by
6	Period of Award:	Commonwe	22	KDE Program Contacts.
	July 1, 2022-June 30, 2023			
12	Consortia/Partnership Membe	rs: N/A		
13	Special Instructions/Condition	s:		
14	Authorized By (Name/Title): N	icole Crosthwaite, Budget Branch		Date: June 29, 2022
	D	ivision of Budgets & Financial Managemer	t	
		YUIICA		

1	Name and Address of Recipier	nt:	7	Fund Type:	
	Agency Name Henry County			State	
	Street Address 326 S Main Str	eet Depar	4_	Federal	
	City, State Zip New Castle, K	(40050		Other:	
				10-	
		0.32	8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement	
	Street Address	300 Sower Blvd		Automatic Payment	
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum	
	Street Address	300 Sower Blvd		Lump Sum Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
	3.3, 1.1 = [Children.	9	Reimbursement Frequency:	
3	Description/Fund Source of Av	vard and Fiscal Year:		Monthly	
	Description	School Based Mental Health Care		Quarterly	
	2 000 mg man	Provider			
	Fund Source	State General Funds		Other Beginning of Fiscal Year	
	CFDA#	N/A			
	MUNIS Project Number	14MJ			
	Master Agreement Number	N/A	10	Financial Reporting Method:	
	J			Electronic Submission	
4	Grant Authority (Source): KRS	S 158.4416		Other	
5	Award Amount: \$43,095.00	()11r	11	Evaluations: Each program will be evaluated per	
		041		specific program guidelines to be disseminated by	
6	Period of Award:	Commonw	ea	KDE Program Contacts.	
	July 1, 2022-June 30, 2023				
12	Consortia/Partnership Member	rs: N/A			
13	Special Instructions/Condition	s:			
14	Authorized By (Name/Title): N	icole Crosthwaite, Budget Branch		Date: June 29, 2022	
	D	ivision of Budgets & Financial Managemer	t		
	Will Call				

1	Name and Address of Recipient:	7	Fund Type:		
	Agency Name Hickman County		State		
	Street Address 416 Waterfield Drive North City, State Zip Clinton, KY 42031	4_	Federal		
	City, State Zip Clinton, KY 42031		Other:		
			10-		
	CIP	8	Method of Payment:		
2	KDE Contact Information:		Federal Cash Request		
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement		
	Street Address 300 Sower Blvd		Automatic Payment		
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum		
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly		
	Provider				
	Fund Source State General Funds		Other Beginning of Fiscal Year		
	CFDA# N/A				
	MUNIS Project Number 14MJ				
	Master Agreement Number N/A	10	Financial Reporting Method:		
	The state of the s		Electronic Submission		
4	Grant Authority (Source): KRS 158.4416		Other		
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per		
			specific program guidelines to be disseminated by		
6	Period of Award:	ea	KDE Program Contacts.		
	July 1, 2022-June 30, 2023				
12	Consortia/Partnership Members: N/A				
13	Special Instructions/Conditions:				
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022		
	Division of Budgets & Financial Managemen	t			
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1	Name and Address of Recipient:	7	Fund Type:		
	Agency Name Hopkins County		State		
	Street Address 320 S Seminary Street City, State Zip Madisonville, KY 42431	4_	Federal		
	City, State Zip Madisonville, KY 42431		Other:		
			10-		
	Civil	8	Method of Payment:		
2	KDE Contact Information:		Federal Cash Request		
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement		
	Street Address 300 Sower Blvd		Automatic Payment		
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum		
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly		
	Provider				
	Fund Source State General Funds		Other Beginning of Fiscal Year		
	CFDA# N/A				
	MUNIS Project Number 14MJ				
	Master Agreement Number N/A	10	Financial Reporting Method:		
	J. Company of the com		Electronic Submission		
4	Grant Authority (Source): KRS 158.4416		Other		
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per		
			specific program guidelines to be disseminated by		
6	Period of Award:	ea	KDE Program Contacts.		
	July 1, 2022-June 30, 2023				
12	Consortia/Partnership Members: N/A				
13	Special Instructions/Conditions:				
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022		
	Division of Budgets & Financial Managemen	t			
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Jackson County		State
	Street Address 3331 Hwy 421 South City, State Zip McKee, KY 40447	4_	Federal
	City, State Zip McKee, KY 40447		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	ea.	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Jackson Ind.		State
	Street Address 940 Highland Avenue City, State Zip Jackson, KY 41339	4_	Federal
	City, State Zip Jackson, KY 41339		Other:
			10-
	C	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	January Control of the Control of th		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Jefferson County		State State
	Street Address 3332 Newburg Road	4_	Federal
	Street Address 3332 Newburg Road City, State Zip Louisville, KY 40218		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd	4	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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds	7	Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
_			specific program guidelines to be disseminated by
6	Period of Award:	ta	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Jenkins Ind.		State
	Street Address 9409 Hwy 805	4_	Federal
	Street Address 9409 Hwy 805 City, State Zip Jenkins, KY 41537		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	J. Company of the com		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	Odi		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Jessamine County		State
	Street Address 871 Wilmore Road City, State Zip Nicholasville, KY 40356	4_	Federal
	City, State Zip Nicholasville, KY 40356		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	3		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Johnson County		State
	Street Address 253 North Mayo Trail	4_	Federal
	Street Address 253 North Mayo Trail City, State Zip Paintsville, KY 41240		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ta	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Kenton County		State
	Street Address 1055 Eaton Drive	4_	Federal
	Street Address 1055 Eaton Drive City, State Zip Fort Wright, KY 41017		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd	4	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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds	7	Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ta	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Knott County		State
	Street Address 1156 Hindman Bypass City, State Zip Hindman, KY 41822	4_	Federal
	City, State Zip Hindman, KY 41822		Other:
			10-
	Civil	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		Quartony
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		203.111119 01 1 10001 1001
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Master / tg/sement tallies	. •	Electronic Submission
			Z Zissi sine sasimosisii
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2022-June 30, 2023	7661	
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Knox County		State
	Street Address 200 Daniel Boone Drive City, State Zip Barbourville, KY 40906	4_	Federal
	City, State Zip Barbourville, KY 40906		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	tal	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name LaRue County		State
	Street Address 208 College Street City, State Zip Hodgenville, KY 42748	4_	Federal
	City, State Zip Hodgenville, KY 42748		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds	F	
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Laurel County		State
	Street Address 718 North Main Street City, State Zip London, KY 40741	4_	Federal
	City, State Zip London, KY 40741		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd	4	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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds	7	Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Lawrence County		State
	Street Address 500 Bulldog Lane City, State Zip Louisa, KY 41230	4	Federal
	City, State Zip Louisa, KY 41230		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Unitaren,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	Paris def Assert		specific program guidelines to be disseminated by
6	Period of Award:	ta	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Lee County		State
	Street Address 242 Lee Avenue City, State Zip Beattyville, KY 41311	4_	Federal
	City, State Zip Beattyville, KY 41311		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	January Company of the Company of th		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	C		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Leslie County		State
	Street Address 108 Maple Street City, State Zip Hyden, KY 41749	4_	Federal
	City, State Zip Hyden, KY 41749		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Letcher County		State
	Street Address 224 Park Street City, State Zip Whitesburg, KY 41858	4_	Federal
	City, State Zip Whitesburg, KY 41858		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	3		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Lewis County		State
	Street Address 65 Central Elementary City, State Zip Vanceburg, KY 41179	4_	Federal
	City, State Zip Vanceburg, KY 41179		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	January Company of the Company of th		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	C		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Lincoln County		State
	Street Address 305 Danville Avenue City, State Zip Stanford, KY 40484	4_	Federal
	City, State Zip Stanford, KY 40484		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	ŭ		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	O dai		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Livingston County		State
	Street Address 127 E Adair Street City, State Zip Smithland, KY 42081	4_	Federal
	City, State Zip Smithland, KY 42081		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		○ Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Logan County		State
	Street Address 2222 Bowling Green Road City, State Zip Russellville, KY 42276	4_	Federal
	City, State Zip Russellville, KY 42276		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Ludlow Ind.		State
	Street Address 525 Elm Street City, State Zip Ludlow, KY 41016	4_	Federal
	City, State Zip Ludlow, KY 41016		Other:
			10-
	Civil	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	J. Company of the com		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	Odi		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name Lyon County			State	
	Street Address 217 Jenkins Road	Depar	4_	Federal	
	City, State Zip Eddyville, KY 42038	1 Johan		Other:	
	, , ,			10-	
		CAR	8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant – Phone # Christ	tina Weeter		Expenditure Reimbursement	
		Sower Blvd		Automatic Payment	
		e Crosthwaite		Lump Sum	
		Sower Blvd	4	Lump Sum Receipt of Invoice from Vendor	
		fort, KY 40601			
	Ony, RT 2.1p	Children.	9	Reimbursement Frequency:	
3	Description/Fund Source of Award ar	nd Fiscal Year:	,	Monthly	
		ol Based Mental Health Care		Quarterly	
	Provid			Quarterly	
		General Funds	>	Other Beginning of Fiscal Year	
	CFDA# N/A	General Funds		Degining of Fiscal Teal	
	MUNIS Project Number 14MJ				
	Master Agreement Number N/A		10	Financial Reporting Method:	
	Waster Agreement Number		10	Electronic Submission	
				Electionic Submission	
4	Grant Authority (Source): KRS 158.4	416		Other	
-	(33,000)				
5	Award Amount: \$43,095.00	Our	11	Evaluations: Each program will be evaluated per	
	, ,	Oui		specific program guidelines to be disseminated by	
6	Period of Award:	Commonwe	22	KDE Program Contacts.	
	July 1, 2022-June 30, 2023	Committee			
12	Consortia/Partnership Members: N/A				
13	Special Instructions/Conditions:				
14	Authorized By (Name/Title): Nicole Co	rosthwaite, Budget Branch		Date: June 29, 2022	
	Division of Budgets & Financial Management				
		YUIIOAI			
		- dica			

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Madison County		State
	Street Address 301 Highland Park Drive City, State Zip Richmond, KY 40476	4_	Federal
	City, State Zip Richmond, KY 40476		Other:
			10-
	CIP	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	January Control of the Control of th		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	O C C		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Magoffin County		State
	Street Address 109 Gardner Trail City, State Zip Salyersville, KY 41465	4_	Federal
	City, State Zip Salyersville, KY 41465		Other:
			10-
	Civil	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	ŭ		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:		
	Agency Name Marion County		State		
	Street Address 755 E Main Street City, State Zip Lebanon, KY 40033	1	Federal		
	City, State Zip Lebanon, KY 40033		Other:		
			10-		
		8	Method of Payment:		
2	KDE Contact Information:		Federal Cash Request		
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement		
	Street Address 300 Sower Blvd		Automatic Payment		
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum		
	Street Address 300 Sower Blvd		Lump Sum 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 School Based Mental Health Care		Quarterly		
	Provider				
	Fund Source State General Funds		Other Beginning of Fiscal Year		
	CFDA# N/A				
	MUNIS Project Number 14MJ				
	Master Agreement Number N/A	10	Financial Reporting Method:		
	3		Electronic Submission		
4	Grant Authority (Source): KRS 158.4416		Other		
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per		
			specific program guidelines to be disseminated by		
6	Period of Award:	ea.	KDE Program Contacts.		
	July 1, 2022-June 30, 2023				
12	Consortia/Partnership Members: N/A				
13	Special Instructions/Conditions:				
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 29, 2022				
	Division of Budgets & Financial Management				
	Will Ca				

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Marshall County		State
	Street Address 86 High School Road	4_	Federal
	Street Address 86 High School Road City, State Zip Benton, KY 42025		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		Quartony
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Master Agreement Turner	. •	Electronic Submission
			Z Libertonia capinicoloni
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Martin County		State
	Street Address 104 East Main Street City, State Zip Inez, KY 41224	4_	Federal
	City, State Zip Inez, KY 41224		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd	4	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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
_			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	ta	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Mason County		State
	Street Address 34 East 2nd Street City, State Zip Maysville, KY 41056	4_	Federal
	City, State Zip Maysville, KY 41056		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd	4	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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	ea.	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Mayfield Ind.		State
	Street Address 914 E College Stret City, State Zip Mayfield, KY 42066	4_	☐ Federal
	City, State Zip Mayfield, KY 42066		Other:
			40-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd	4	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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds	7	Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ta	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name McCracken County		State
	Street Address 5347 Benton Road City, State Zip Paducah, KY 42003	4-	Federal
	City, State Zip Paducah, KY 42003		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	ea.	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name McCreary County		State
	Street Address 120 Raider Way City, State Zip Stearns, KY 42647	4_	Federal
	City, State Zip Stearns, KY 42647		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Unitaren,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	ea.	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name McLean County		State
	Street Address 410 Highway 136 East City, State Zip Calhoun, KY 42327	4_	Federal
	City, State Zip Calhoun, KY 42327		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	J. Company of the com		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	O dai		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Meade County		State
	Street Address 1155 Old Ekron Road City, State Zip Brandenburg, KY 40108	4_	Federal
	City, State Zip Brandenburg, KY 40108		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
		4.4	
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ta	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Menifee County		State
	Street Address 110 Main Street City, State Zip Frenchburg, KY 40322	4_	☐ Federal
	City, State Zip Frenchburg, KY 40322		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Metcalfe County		State
	Street Address 109 Sartin Drive City, State Zip Edmonton, KY 42129	4_	Federal
	City, State Zip Edmonton, KY 42129		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	Odi		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Middlesboro Ind.		State
	Street Address 220 N 20th Street City, State Zip Middlesboro, KY 40965	4_	Federal
	City, State Zip Middlesboro, KY 40965		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Model Laboratory School		State
	Street Address 521 Lancaster Ave City, State Zip Richmond, KY 40475	4_	Federal
	City, State Zip Richmond, KY 40475		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd	1	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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds	7	Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
_			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	ea	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipie	nt:	7	Fund Type:		
	Agency Name Monroe Count	У		State		
	Street Address 309 Emberton	Street	4	Federal		
	City, State Zip Tompkinsville,	Street KY 42167	l Bi	Other:		
	,					
		(A) (A)	8	Method of Payment:		
2	KDE Contact Information:			Federal Cash Request		
	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement		
	Street Address	300 Sower Blvd		Automatic Payment		
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum		
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor		
				Treceipt of invoice from vendor		
	City, KY Zip	Frankfort, KY 40601		B. I. I.		
_	D 1 (1 (5 10 10 10 10 10 10 10 10 10 10 10 10 10	Cilifui Cit,	9	Reimbursement Frequency:		
3	Description/Fund Source of A			Monthly		
	Description	School Based Mental Health Care		Quarterly		
		Provider				
	Fund Source	State Ge <mark>neral Funds</mark>		Other Beginning of Fiscal Year		
	CFDA#	N/A				
	MUNIS Project Number	14MJ				
	Master Agreement Number	N/A	10	Financial Reporting Method:		
				Electronic Submission		
4	Grant Authority (Source): KR	S 158.4416		Other		
5	Award Amount: \$43,095.00	()11r	11	Evaluations: Each program will be evaluated per		
				specific program guidelines to be disseminated by		
6	Period of Award:	Commonw	ea.	KDE Program Contacts.		
	July 1, 2022-June 30, 2023					
12	Consortia/Partnership Membe	rs: N/A				
13	Special Instructions/Condition	ns:				
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 29, 2022					
	· · · · · · · · · · · · · · · · · · ·	Division of Budgets & Financial Managemer	nt			
		TUITO O	11			

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Montgomery County		State
	Street Address 700 Woodford Drive City, State Zip Mt Sterling, KY 40353	4_	Federal
	City, State Zip Mt Sterling, KY 40353		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	January Control of the Control of th		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Morgan County		State
	Street Address 155 University Drive City, State Zip West Liberty, KY 41472	4_	Federal
	City, State Zip West Liberty, KY 41472		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		Quartony
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		203.111119 01 1 10001 1001
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Master Agreement Variable	. •	Electronic Submission
			Z Electronic capinicolon
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	2	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Muhlenberg County		State
	Street Address 510 W Main Street City, State Zip Powderly, KY 42367	4-	Federal
	City, State Zip Powderly, KY 42367		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	ea.	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Murray Ind.		State
	Street Address 208 S 13th Street City, State Zip Murray, KY 42071	4_	Federal
	City, State Zip Murray, KY 42071		Other:
			10-
	Civil	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	The state of the s		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Nelson County		State State
	Street Address 288 Wildcat Lane	4_	Federal
	Street Address 288 Wildcat Lane City, State Zip Bardstown, KY 40004		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd	4	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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonw	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipie	nt:	7	Fund Type:	
	Agency Name Newport Ind.			State	
	Street Address 30 W. 8th Street	et Denar	4_	Federal	
	City, State Zip Newport, KY 4	et Depar		Other:	
				10-	
			8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement	
	Street Address	300 Sower Blvd		Automatic Payment	
	Budget Contact – Phone #	Nicole Crosthwaite		∠ Lump Sum	
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
		V Chilaren,	9	Reimbursement Frequency:	
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly	
	Description	School Based Mental Health Care		Quarterly	
	·	Provider			
	Fund Source	State General Funds		Other Beginning of Fiscal Year	
	CFDA#	N/A			
	MUNIS Project Number	14MJ			
	Master Agreement Number	N/A	10	Financial Reporting Method:	
	-			Electronic Submission	
4	Grant Authority (Source): KR	5 158.4416		Other Other	
			4.4		
5	Award Amount: \$43,095.00	Our	11	Evaluations: Each program will be evaluated per	
_	Davied of Assessed	Commonwe		specific program guidelines to be disseminated by	
6	Period of Award:	Commonw	ta	KDE Program Contacts.	
40	July 1, 2022-June 30, 2023	NI/A			
12	Consortia/Partnership Membe				
13	Special Instructions/Condition				
14					
	<u> </u>	ivision of Budgets & Financial Managemer	t		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Nicholas County		State
	Street Address 395 West Main Street City, State Zip Carlisle, KY 40311	4_	Federal
	City, State Zip Carlisle, KY 40311		Other:
			10-
	Civil	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	J. Company of the com		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	Odi		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Ohio County		State
	Street Address 315 E Union Street City, State Zip Hartford, KY 42347	4_	Federal
	City, State Zip Hartford, KY 42347		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	J. Company of the com		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	Odi		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipie	nt:	7	Fund Type:
	Agency Name Oldham Count	у		State
	Street Address 1350 N Hwy 39		4	Federal
	City, State Zip Crestwood, KY	93 Y 40014 Depar	l Bi	Other:
	, , , , , , , , , , , , , , , , , , , ,			10
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
-	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement
	Street Address	300 Sower Blvd		Automatic Payment
	Budget Contact – Phone #	Nicole Crosthwaite		□
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor
				Neceipt of invoice from vendor
	City, KY Zip	Frankfort, KY 40601		B. 1
_	D 1 (1 (5 10 10 10 10 10 10 10 10 10 10 10 10 10	Cititui Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A			Monthly
	Description	School Based Mental Health Care		Quarterly
		Provider		
	Fund Source	State <mark>General Funds </mark>		Other Beginning of Fiscal Year
	CFDA#	N/A		
	MUNIS Project Number	14 <mark>MJ</mark>		
	Master Agreement Number	N/A	10	Financial Reporting Method:
				Electronic Submission
4	Grant Authority (Source): KR	S 158.4416		Other
5	Award Amount: \$43,095.00	()11r	11	Evaluations: Each program will be evaluated per
				specific program guidelines to be disseminated by
6	Period of Award:	Commonwo	ea.	KDE Program Contacts.
	July 1, 2022-June 30, 2023			
12	Consortia/Partnership Membe	rs: N/A		
13	Special Instructions/Condition	is:		
14	Authorized By (Name/Title): N	licole Crosthwaite, Budget Branch		Date: June 29, 2022
		ivision of Budgets & Financial Managemer	t	
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Owen County		State
	Street Address 1600 Hwy 22 E City, State Zip Owenton, KY 40359	4_	Federal
	City, State Zip Owenton, KY 40359		Other:
			46
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd	4	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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds	7	Other Beginning of Fiscal Year
	CFDA# N/A		203
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	ŭ		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	2.2	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	
	71114601		

1	Name and Address of Recipient		7	Fund Type:
	Agency Name Owensboro Ind.			State
	Street Address 450 Griffith Aver	nue 10 a 10 a 10	4	Federal
	City, State Zip Owensboro, KY	nue 42301 Depar	l B à	Other:
	- 3,			10
			8	Method of Payment:
2	KDE Contact Information:	.4		Federal Cash Request
		Christina Weeter		Expenditure Reimbursement
		300 Sower Blvd		Automatic Payment
		Nicole Crosthwaite		Lump Sum
		300 Sower Blvd		Lump Sum Receipt of Invoice from Vendor
				Treceipt of invoice from vendor
	City, KY Zip	Frankfort, KY 40601	0	Deinshumannant François
	D : (: /5 10 51	Citiful City	9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	•	School Based Mental Health Care		Quarterly
		Provider		
		State General Funds		Other Beginning of Fiscal Year
		N/A		
	.	14 <mark>MJ</mark>		
	Master Agreement Number	N/A	10	Financial Reporting Method:
				Electronic Submission
4	Grant Authority (Source): KRS	158.4416		Other
5	Award Amount: \$43,095.00	()11 <i>r</i>	11	Evaluations: Each program will be evaluated per
		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		specific program guidelines to be disseminated by
6	Period of Award:	Commonwe	22	KDE Program Contacts.
	July 1, 2022-June 30, 2023			
12	Consortia/Partnership Members	s: N/A		
13	Special Instructions/Conditions			
14	Authorized By (Name/Title): Nic	cole Crosthwaite, Budget Branch		Date: June 29, 2022
		rision of Budgets & Financial Managemen	t	
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		a de Ca		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Owsley County		State
	Street Address 14 Old KY 11 City, State Zip Booneville, KY 41314	4_	Federal
	City, State Zip Booneville, KY 41314		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		Quartony
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Master Agreement Variable	. •	Electronic Submission
			Z Libertonia capinicoloni
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipie	nt:	7	Fund Type:	
	Agency Name Paducah Ind.			State	
	Street Address 800 Caldwell S	Street 42002 Depar	4_	Federal	
	City, State Zip Paducah, KY	42002		Other:	
				10-	
		C	8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement	
	Street Address	300 Sower Blvd		Automatic Payment	
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum	
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
	3.9,	Unilaren.	9	Reimbursement Frequency:	
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly	
	Description	School Based Mental Health Care		Quarterly	
		Provider			
	Fund Source	State General Funds		Other Beginning of Fiscal Year	
	CFDA#	N/A			
	MUNIS Project Number	14MJ			
	Master Agreement Number	N/A	10	Financial Reporting Method:	
	J			Electronic Submission	
4	Grant Authority (Source): KR	S 158.4416		Other	
5	Award Amount: \$43,095.00	()11r	11	Evaluations: Each program will be evaluated per	
				specific program guidelines to be disseminated by	
6	Period of Award:	Commonwo	ea	KDE Program Contacts.	
	July 1, 2022-June 30, 2023				
12	Consortia/Partnership Membe	rs: N/A			
13	Special Instructions/Condition	ns:			
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 29, 2022				
		ivision of Budgets & Financial Managemer	nt		
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Paintsville Ind.		State
	Street Address 305 2nd Street City, State Zip Paintsville, KY 41240	4_	Federal
	City, State Zip Paintsville, KY 41240		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Paris Ind.		State
	Street Address 310 W Seventh Street	4_	Federal
	Street Address 310 W Seventh Street City, State Zip Paris, KY 40361		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	3		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Pendleton County		State
	Street Address 2525 Hwy 27 N City, State Zip Falmouth, KY 41040	4_	Federal
	City, State Zip Falmouth, KY 41040		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		Quartony
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		20gg 011100011001
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Master Agreement Turner	. •	Electronic Submission
			Z Electronic capinicolon
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	
-			

1	Name and Address of Recipie	nt:	7	Fund Type:
	Agency Name Perry County			State
	Street Address 315 Park Aven	ue 1000	4	Federal
	City, State Zip Hazard, KY 4	nue Depar	l e i	Other:
				10-
		6.32	8	Method of Payment:
2	KDE Contact Information:	.1		Federal Cash Request
	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement
	Street Address	300 Sower Blvd		Automatic Payment
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum
	Street Address	300 Sower Blvd		Lump Sum Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
	3.9, 1.1 <u>=</u> .p	V Children.	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	School Based Mental Health Care		Quarterly
	2 3 3 3 11 p 11 3 11 p	Provider		
	Fund Source	State General Funds		Other Beginning of Fiscal Year
	CFDA#	N/A		
	MUNIS Project Number	14MJ		
	Master Agreement Number	N/A	10	Financial Reporting Method:
	3			Electronic Submission
4	Grant Authority (Source): KR	S 158.4416		Other
5	Award Amount: \$43,095.00	()11 <i>r</i>	11	Evaluations: Each program will be evaluated per
				specific program guidelines to be disseminated by
6	Period of Award:	Commonw	ea.	KDE Program Contacts.
	July 1, 2022-June 30, 2023	0011111101111		
12	Consortia/Partnership Membe	rs: N/A		
13	Special Instructions/Condition	is:		
14	,	licole Crosthwaite, Budget Branch		Date: June 29, 2022
	D	ivision of Budgets & Financial Managemer	nt	

1	Name and Address of Recipie	nt:	7	Fund Type:
	Agency Name Pike County			State
	Street Address 314 S Mayo Tr	rail 10 e 10 e 11	4_	Federal
	City, State Zip Pikeville, KY 4	rail Depar	l 8 i	Other:
	,			10
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement
	Street Address	300 Sower Blvd		Automatic Payment
	Budget Contact – Phone #	Nicole Crosthwaite		□ Lump Sum
	Street Address	300 Sower Blvd		Lump Sum Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		Tradalptor invoice in our variage
	Oity, ICI Zip	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Voar:	-	Monthly
J	Description Description	School Based Mental Health Care		Quarterly
	Description	Provider Provider		Quarterly
	Fund Source	State General Funds		Other Beginning of Fiscal Year
	CFDA#	N/A		Degining of Fiscal Teal
	MUNIS Project Number	14MJ		
	Master Agreement Number	N/A	10	Financial Reporting Method:
	Master Agreement Number	IV/A	10	Electronic Submission
				A Electionic Submission
4	Grant Authority (Source): KR	S 158,4416		Other
-	orame radio inspired			- Garler
5	Award Amount: \$43,095.00	0111	11	Evaluations: Each program will be evaluated per
		Oui		specific program guidelines to be disseminated by
6	Period of Award:	Commonw	2	KDE Program Contacts.
	July 1, 2022-June 30, 2023	Committee		
12	Consortia/Partnership Membe	rs: N/A	1	
13	Special Instructions/Condition	is:		
14	Authorized By (Name/Title): N	licole Crosthwaite, Budget Branch		Date: June 29, 2022
	,	ivision of Budgets & Financial Managemer	nt	
		WIII CO	111	
		uca		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Pikeville Ind.		State
	Street Address 148 Second Street City, State Zip Pikeville, KY 41501	4-	Federal
	City, State Zip Pikeville, KY 41501		Other:
			40.
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	ea.	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Pineville Ind.		│
	Street Address 401 Virginia Avenue City, State Zip Pineville, KY 40977	4_	Federal
	City, State Zip Pineville, KY 40977		Other:
			10.
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ta	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipie	nt:	7	Fund Type:	
	Agency Name Powell County			State	
	Street Address 691 Breckinrid	ge Street Depar	4_	Federal	
	City, State Zip Stanton, KY 4	0380	l Bi	Other:	
	,			10	
		6.32	8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement	
	Street Address	300 Sower Blvd		Automatic Payment	
	Budget Contact – Phone #	Nicole Crosthwaite			
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601		Tressiptor invoice from vender	
	Oity, ICI Zip	Children.	9	Reimbursement Frequency:	
3	Description/Fund Source of A	ward and Fiscal Voar:	-	Monthly	
"	Description Description	School Based Mental Health Care		Quarterly	
	Description	Provider Provider		Quarterly	
	Fund Source	State General Funds		Other Beginning of Fiscal Year	
	CFDA#	N/A		Degining of Fiscal Teal	
	MUNIS Project Number	14MJ	-		
	Master Agreement Number	N/A	10	Financial Reporting Method:	
	Master Agreement Number	N/A	10	Electronic Submission	
				Electronic Submission	
4	Grant Authority (Source): KR	S 158 4416		Other	
	Grant Administry (Source)			Carol Carol	
5	Award Amount: \$43,095.00	<u> </u>	11	Evaluations: Each program will be evaluated per	
	, , , , , , , , , , , , , , , , , , ,	Oui		specific program guidelines to be disseminated by	
6	Period of Award:	Commonw	2	KDE Program Contacts.	
	July 1, 2022-June 30, 2023	COMMITTOR			
12	Consortia/Partnership Membe	rs: N/A	1		
13	Special Instructions/Condition	is:			
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 29, 2022				
	,	ivision of Budgets & Financial Managemer	nt		
	•	WIII CO	111		
		- uca			

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Pulaski County		State
	Street Address 501 University Drive City, State Zip Somerset, KY 42503	4_	Federal
	City, State Zip Somerset, KY 42503		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		Quarterly
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		Degining of Fiscal Teal
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Warnber	10	Electronic Submission
			Z Electionic oubinission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	2	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	
			TABLE 1

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Raceland Ind.		State State
	Street Address 600 Ram Blvd	4_	Federal
	Street Address 600 Ram Blvd City, State Zip Raceland, KY 41169		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd	4	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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds	7	Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	tal	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Robertson County		State
	Street Address 1762 Sardis Road City, State Zip Mount Olivet, KY 41064	4_	Federal
	City, State Zip Mount Olivet, KY 41064		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea.	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Rockcastle County		State
	Street Address 245 Richmond Street City, State Zip Mount Vernon, KY 40456	4_	Federal
	City, State Zip Mount Vernon, KY 40456		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
_			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	Pa	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Rowan County		State
	Street Address 415 West Sun Street City, State Zip Morehead, KY 40351	4_	Federal
	City, State Zip Morehead, KY 40351		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		Quartony
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		203.111119 01 1 10001 1001
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Master Agreement Variable	. •	Electronic Submission
			Z Electronic capinicolon
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Russell County		State
	Street Address 404 South Main Street City, State Zip Jamestown, KY 42629	4_	Federal
	City, State Zip Jamestown, KY 42629		Other:
			10-
	Civil	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	January Control of the Control of th		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Russell Ind.		State
	Street Address 409 Belfont Street	4_	Federal
	Street Address 409 Belfont Street City, State Zip Russell, KY 41169		Other:
			10-
	CAR	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	J. Company of the com		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	O dai		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipie	nt:	7	Fund Type:	
	Agency Name Russellville Inc	d.		State	
	Street Address 355 South Sun	nmer Street Depart	4_	Federal	
	City, State Zip Russellville, K	Y 42276		Other:	
	·			10-	
		C	8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement	
	Street Address	300 Sower Blvd		Automatic Payment	
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum	
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
		V Children.	9	Reimbursement Frequency:	
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly	
	Description	School Based Mental Health Care		Quarterly	
	2 3 3 3 1 p 3 3 1 1	Provider			
	Fund Source	State General Funds			
	CFDA#	N/A			
	MUNIS Project Number	14MJ			
	Master Agreement Number	N/A	10	Financial Reporting Method:	
	ŭ			Electronic Submission	
4	Grant Authority (Source): KR	S 158.4416		Other	
5	Award Amount: \$43,095.00	Our	11	Evaluations: Each program will be evaluated per	
				specific program guidelines to be disseminated by	
6	Period of Award:	Commonwo	ea.	KDE Program Contacts.	
	July 1, 2022-June 30, 2023				
12	Consortia/Partnership Membe				
13	Special Instructions/Condition	is:			
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 29, 2022				
	Division of Budgets & Financial Management				
		Tuing a			

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Science Hill Ind.		State
	Street Address 6007 N Hwy 27 City, State Zip Science Hill, KY 42553	4_	Federal
	City, State Zip Science Hill, KY 42553		Other:
			10-
	CIP	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	ŭ		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	nt	

1	Name and Address of Recipie	nt:	7	Fund Type:	
	Agency Name Scott County			State	
	Street Address 2168 Frankford	Pk.	4	Federal	
	City, State Zip Georgetown, k	Pk. CY 40324 Depar	l Bi	Other:	
	, ,			In .	
		6.32	8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
-	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement	
	Street Address	300 Sower Blvd		Automatic Payment	
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum	
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor	
				Treceipt of invoice from vendor	
	City, KY Zip	Frankfort, KY 40601		B. I. I.	
_	D 1 11 15 10 10 1	Ciliful Cit,	9	Reimbursement Frequency:	
3	Description/Fund Source of A			Monthly	
	Description	School Based Mental Health Care		Quarterly	
		Provider			
	Fund Source	State General Funds		Other Beginning of Fiscal Year	
	CFDA#	N/A			
	MUNIS Project Number	14 <mark>MJ</mark>			
	Master Agreement Number	N/A	10	Financial Reporting Method:	
				Electronic Submission	
4	Grant Authority (Source): KR	S 158.4416		Other	
5	Award Amount: \$43,095.00	()11r	11	Evaluations: Each program will be evaluated per	
				specific program guidelines to be disseminated by	
6	Period of Award:	Commonw	ea.	KDE Program Contacts.	
	July 1, 2022-June 30, 2023	Committee			
12	Consortia/Partnership Membe	rs: N/A			
13	Special Instructions/Condition	ns:			
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 29, 2022				
	Division of Budgets & Financial Management				
	,	TITLA ST	11		
		auca			

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Shelby County		State
	Street Address 1155 W Main Street City, State Zip Shelbyville, KY 40065	4_	Federal
	City, State Zip Shelbyville, KY 40065		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	3		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	
-			

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Simpson County		State
	Street Address 430 S College Street City, State Zip Franklin, KY 42135	4_	Federal
	City, State Zip Franklin, KY 42135		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	C		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Somerset Ind.		State
	Street Address 305 College Street City, State Zip Somerset, KY 42501	4_	Federal
	City, State Zip Somerset, KY 42501		Other:
			10-
	C	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	ŭ		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Southgate Ind.		State
	Street Address 6 William F. Blatt Avenue City, State Zip Southgate, KY 41071	4_	Federal
	City, State Zip Southgate, KY 41071		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		Quartony
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		20gg 011100011001
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Madei Agreement Variber		Electronic Submission
			Z Electronic capinicolon
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	2	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipier	nt:	7	Fund Type:	
	Agency Name Spencer Count	У		State	
	Street Address 207 W Main Str	reet	4_	Federal	
	City, State Zip Taylorsville, KY	reet Depar		Other:	
				10-	
		CONTRACTOR	8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement	
	Street Address	300 Sower Blvd		Automatic Payment	
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum	
	Street Address	300 Sower Blvd	4	Lump Sum Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
	3.9, 11. = [V Children.	9	Reimbursement Frequency:	
3	Description/Fund Source of Av	vard and Fiscal Year:		Monthly	
	Description	School Based Mental Health Care		Quarterly	
	2 000 mp mo m	Provider			
	Fund Source	State General Funds		Other Beginning of Fiscal Year	
	CFDA#	N/A			
	MUNIS Project Number	14MJ			
	Master Agreement Number	N/A	10	Financial Reporting Method:	
				Electronic Submission	
4	Grant Authority (Source): KRS	5 158.4416		Other	
5	Award Amount: \$43,095.00	()111	11	Evaluations: Each program will be evaluated per	
				specific program guidelines to be disseminated by	
6	Period of Award:	Commonwo	ea	KDE Program Contacts.	
	July 1, 2022-June 30, 2023				
12	Consortia/Partnership Member	rs: N/A			
13	Special Instructions/Condition	s:			
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 29, 2022				
	Di	vision of Budgets & Financial Managemen	t		
		VUITCA			

1	Name and Address of Recipie	nt:	7	Fund Type:	
	Agency Name Taylor County			State	
	Street Address 1209 E Broady	vay KY 42718 Depar	4_	Federal	
	City, State Zip Campbellsville	, KY 42718		Other:	
				10-	
		6.32	8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement	
	Street Address	300 Sower Blvd		Automatic Payment	
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum	
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
	Sity, 111 2.1p	Children.	9	Reimbursement Frequency:	
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly	
	Description	School Based Mental Health Care		Quarterly	
	Boompaion	Provider		- Quartony	
	Fund Source	State General Funds		○ Other Beginning of Fiscal Year	
	CFDA#	N/A			
	MUNIS Project Number	14MJ			
	Master Agreement Number	N/A	10	Financial Reporting Method:	
				Electronic Submission	
4	Grant Authority (Source): KR	S 158.4416		Other	
5	Award Amount: \$43,095.00	()11r	11	Evaluations: Each program will be evaluated per	
				specific program guidelines to be disseminated by	
6	Period of Award:	Commonwo	ea	KDE Program Contacts.	
	July 1, 2022-June 30, 2023				
12	Consortia/Partnership Membe	rs: N/A			
13	Special Instructions/Condition	ns:			
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: June 29, 2022				
		ivision of Budgets & Financial Managemer	nt		
			18 3		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Todd County		State
	Street Address 205 Airport Road City, State Zip Elkton, KY 42220	4_	Federal
	City, State Zip Elkton, KY 42220		Other:
			10-
	Civil	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	J. Company of the com		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	Odi		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Trigg County		State
	Street Address 202 Main Street City, State Zip Cadiz, KY 42211	4_	Federal
	City, State Zip Cadiz, KY 42211		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds	7	Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
		L.,	
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	ea	KDE Program Contacts.
<u></u>	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Trimble County		State
	Street Address 116 Wentworth Avenue City, State Zip Bedford, KY 40006	4_	Federal
	City, State Zip Bedford, KY 40006		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	January Control of the Control of th		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Union County		State
	Street Address 510 S Mart Streeet City, State Zip Morganfield, KY 42437	4_	Federal
	City, State Zip Morganfield, KY 42437		Other:
			10-
	C	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	January Control of the Control of th		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Walton Verona Ind.		State State
	Street Address 16 School Road	4_	Federal
	Street Address 16 School Road City, State Zip Walton, KY 41094		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd	4	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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds	7	Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ta	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipier	nt:	7	Fund Type:
	Agency Name Warren County			State
	Street Address 303 Lovers Lai	ne Denam	4	Federal
	City, State Zip Bowling Green	ne . KY 42102 Depar	l Bi	Other:
	3 -			10
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement
	Street Address	300 Sower Blvd		Automatic Payment
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum
	Street Address	300 Sower Blvd		Lump Sum Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		Treceipt of invoice from vendor
	City, KT Zip	Flanklott, KT 40001	9	Daimhura amant François
	December /Free October S.A.		9	Reimbursement Frequency:
3	Description/Fund Source of A			Monthly
	Description	School Based Mental Health Care		Quarterly
		Provider		
	Fund Source	State General Funds		Other Beginning of Fiscal Year
	CFDA#	N/A		
	MUNIS Project Number	14 <mark>MJ</mark>		
	Master Agreement Number	N/A	10	Financial Reporting Method:
				Electronic Submission
_				
4	Grant Authority (Source): KR	5 158.4416		Other
5	Award Amount: \$43,095.00	Uur	11	Evaluations: Each program will be evaluated per
				specific program guidelines to be disseminated by
6	Period of Award:	Lommonw	ea.	KDE Program Contacts.
	July 1, 2022-June 30, 2023			
12	Consortia/Partnership Membe	rs: N/A		
13	Special Instructions/Condition	s:		
14	Authorized By (Name/Title): N	icole Crosthwaite, Budget Branch		Date: June 29, 2022
	D	ivision of Budgets & Financial Managemer	nt	
		WIII CA	111	
		- uca		

1	Name and Address of Recipie	nt:	7	Fund Type:
	Agency Name Washington Co	ounty		State
	Street Address 120 Mackville	Hill Road	4_	Federal
	City, State Zip Springfield, KY	Hill Road 40069 Depar		Other:
				10-
		6.32	8	Method of Payment:
2	KDE Contact Information:	.1		Federal Cash Request
	Program Consultant – Phone #	Christina Weeter		Expenditure Reimbursement
	Street Address	300 Sower Blvd		Automatic Payment
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum
	Street Address	300 Sower Blvd	4	Lump Sum Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
	513,111 = 1	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	School Based Mental Health Care		Quarterly
	2 3 3 3 4 p 11 3 1	Provider		
	Fund Source	State General Funds		Other Beginning of Fiscal Year
	CFDA#	N/A		
	MUNIS Project Number	14MJ		
	Master Agreement Number	N/A	10	Financial Reporting Method:
	J. Company			Electronic Submission
4	Grant Authority (Source): KR	S 158.4416		Other
5	Award Amount: \$43,095.00	Our	11	Evaluations: Each program will be evaluated per
				specific program guidelines to be disseminated by
6	Period of Award:		ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023			
12	Consortia/Partnership Membe			
13	Special Instructions/Condition			
14	Authorized By (Name/Title): N	licole Crosthwaite, Budget Branch		Date: June 29, 2022
	D	ivision of Budgets & Financial Managemer	t	
		VIII CA		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Wayne County		State State
	Street Address 1025 S Main Street	4_	Federal
	Street Address 1025 S Main Street City, State Zip Monticello, KY 42633		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ta	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Webster Co		State
	Street Address 28 State Route 1340 City, State Zip Dixon, KY 42409	4_	Federal
	City, State Zip Dixon, KY 42409		Other:
			10-
	Civil	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	January Control of the Control of th		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Whitley County		State
	Street Address 300 Main Street City, State Zip Williamsburg, KY 40769	4_	Federal
	City, State Zip Williamsburg, KY 40769		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	3		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Williamsburg Ind.		State
	Street Address 1000 Main Street City, State Zip Williamsburg, KY 40769	4_	Federal
	City, State Zip Williamsburg, KY 40769		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	January Control of the Control of th		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	O C C		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Williamstown Ind.		State
	Street Address 300 Helton Street City, State Zip Williamstown, KY 41097	4_	Federal
	City, State Zip Williamstown, KY 41097		Other:
			10-
	Civil	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
	J. Company of the com		Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	Odi		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Wolfe County		State
	Street Address 85 Main Street City, State Zip Campton, KY 41301	4_	Federal
	City, State Zip Campton, KY 41301		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	oity, iti zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	9	Monthly
3	Description School Based Mental Health Care		Quarterly
	Provider		Quarterly
	Fund Source State General Funds		Other Beginning of Fiscal Year
			Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
7	Grant Authority (Source). KNS 130.4410		Ottlei
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
	Award Amount: \$40,000.00	' '	specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2022-June 30, 2023		CAR /
12	Consortia/Partnership Members: N/A	•	
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Woodford County		State
	Street Address 330 Pisgah Pk City, State Zip Versailles, KY 40383	4_	Federal
	City, State Zip Versailles, KY 40383		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd	4	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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$43,095.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonw	ea	KDE Program Contacts.
	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Total		State
	Street Address City, State Zip , KY	4_	Federal
	City, State Zip , KY		Other:
			40
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Christina Weeter		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		∠ Lump Sum
	Street Address 300 Sower Blvd		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 School Based Mental Health Care		Quarterly
	Provider		
	Fund Source State General Funds		Other Beginning of Fiscal Year
	CFDA# N/A		
	MUNIS Project Number 14MJ		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.4416		Other
5	Award Amount: \$7,412,340.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	ea	KDE Program Contacts.
40	July 1, 2022-June 30, 2023		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: June 29, 2022
	Division of Budgets & Financial Managemen	it	