Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Adair County. 1204 Greensburg St Columbia, KY 42728	Fund Type:  ☑ State  ☐ Federal  ☐ Other:
KDE Contact Information Program Consultant: Street Address: Budget Contact:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346	Subrecipient:  ☐ Yes  ☐ No  Research and Development:
Street Address: City, State Zip: Description/Fund Source of Award	300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	☐ Yes ☒ No
Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☒ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly  ☐ Quarterly  ☐ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 45,624  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	JCATI	<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

Authorized By (Name, Title): Veronica Sullivan, Director

Date: July 1, 2025

Name and Address of Recipient		Fund Type:
Agency Name:	Allen County.	⊠State
Street Address:	570 Oliver Street	□ Federal
City, State, Zip:	Scottsville, KY 42164	Other:
city, state, z.p.	55515571167 (17.12.13.1	□other.
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	Mathad of Downson
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	$\square$ Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	B
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
7	704 KAR 3.285 TUCKV Depar	□Quarterly
Grant Authority (Source):	704 KAR 3.285	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	remederly bepair	Financial Departing Mathed
	, , , , , , , , , , , , , , , , , , , ,	Financial Reporting Method:
Award Amount: \$49,682		⊠Electronic Submission
Paris d of Associate		□Other:
Period of Award:		Evaluations: Each program will be evaluated pe
July 1, 2025-June 30, 2026	/ \	specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	of Reservoir Contacts.
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**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Anchorage Independent.	⊠State
Street Address:	11400 Ridge Rd	□Federal
City, State, Zip:	Anchorage, KY 40223	□Other:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	MO
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	□ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	Delively was and Forest and
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	□Monthly
	Kantucky Donor	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tollion of the bold	Financial Reporting Method:
		⊠ Electronic Submission CDIP Reports
Award Amount: \$ 23,943		Other:
Period of Award:		Liother.
July 1, 2025-June 30, 2026		Evaluations: Each program will be evaluated pe
tan, 2, 2020 tano 00, 2020		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Basiciant		Fund Tune.
Name and Address of Recipient	Anderson County.	Fund Type:
Agency Name: Street Address:	1160 By Pass North	
	Lawrenceburg, KY 40342	Federal
City, State, Zip:	Lawrenceburg, NY 40342	□Other:
		Subrecipient:
KDE Contact Information		□ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
<b>Description/Fund Source of Award</b>	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	a
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	Monthly
1. r	Kantucky Danar	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tollicololly Bopoli	Financial Reporting Method:
		⊠Electronic Submission CDIP Reports
Award Amount: \$ 56,212		Other:
Period of Award:		Dother:
July 1, 2025-June 30, 2026		Evaluations: Each program will be evaluated per
July 1, 2023-Julie 30, 2020		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Ashland Independent. PO Box 3000 Ashland, KY 41101	Fund Type:  ☑ State  ☐ Federal  ☐ Other:
KDE Contact Information Program Consultant: Street Address: Budget Contact:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346	Subrecipient:  ☐ Yes ☐ No  Research and Development:
Street Address: City, State Zip: Description/Fund Source of Awar	300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	☐ Yes ☑ No
Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number: MOA Number:	FY26-Gifted & Talented.  N/A  N/A.  N/A  N/A  N/A  N/A  N/A  130M  N/A	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☐ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor
Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A. 704 KAR 3:285 TUCKY Depar	Reimbursement Frequency:  Monthly  Quarterly  Other: 1st & 3rd Quarters  Financial Reporting Method:  Electronic Submission CDIP Reports
Award Amount: \$ 51,619  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	NACATI	□Other:  Evaluations: Each program will be evaluated perspecific program guidelines to be disseminated by KDE Program Contacts.

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Augusta Independent.	⊠State
Street Address:	307 Bracken St	□Federal
City, State, Zip:	Augusta, KY 41002	□Other:
		Collegestations
KDE Contact Information		Subrecipient:  Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	⊠ No
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	□ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	•	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	□Lump Sum
MUNIS Project Number:	130M	Receipt of Invoice from Vendor
MOA Number:	N/A	·
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A	□Monthly
	Vontució I Donor	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	⊠ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Italicacity Dopai	CITICALIC OI
	, , , , , , , , , , , , , , , , , , , ,	Financial Reporting Method:
Award Amount: \$ 23,155		⊠Electronic Submission
2 1 1 1		□Other:
Period of Award:		Evaluations: Each program will be evaluated pe
July 1, 2025-June 30, 2026	/ \	specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	of Reservogram contacts.
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**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

		- 1-
Name and Address of Recipient	Delland County	Fund Type:
Agency Name:	Ballard County.	⊠State
Street Address:	3465 Paducah Rd	☐ Federal
City, State, Zip:	Barlow, KY 42024	□Other:
		Subrecipient:
KDE Contact Information		Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠ Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	☐ Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
7	704 KAR 3.285 TUCKV Depar	□Quarterly
Grant Authority (Source):	704 KAR 3.285	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	remederly bepon	Financial Reporting Method:
	, , ,	⊠ Electronic Submission CDIP Reports
Award Amount: \$ 30,249		
Period of Award:		□Other:
		Evaluations: Each program will be evaluated pe
July 1, 2025-June 30, 2026	/ \	specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	2, 20.000

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Barbourville Independent. PO Box 520 Barbourville, KY 40906	Fund Type:  State  Federal  Other:
KDE Contact Information Program Consultant: Street Address: Budget Contact:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346	Subrecipient:  ☐ Yes ☐ No  Research and Development:
Street Address: City, State Zip: Description/Fund Source of Awar	300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	☐ Yes ☑ No
Description; Fund Source of Awar Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number: MOA Number:	FY26-Gifted & Talented.  N/A  N/A.  N/A  N/A  N/A  N/A  N/A  130M  N/A	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement ☐ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor
Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A. 704 KAR 3.285 TUCKY Depar	Reimbursement Frequency:  Monthly  Quarterly  Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 26,454  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	IJ CATI	<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Bardstown Independent. 308 N Fifth St Bardstown, KY 40004	Fund Type:  ☑ State ☐ Federal ☐ Other:
KDE Contact Information Program Consultant: Street Address: Budget Contact:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346	Subrecipient:  Yes No  Research and Development: Yes
Street Address: City, State Zip: Description/Fund Source of Awar	300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601  d and Fiscal Year:	⊠ No
Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 45,702  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	NACATI	<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Barren County.	⊠State
Street Address:	202 W Washington St	□Federal
City, State, Zip:	Glasgow, KY 42141	□Other:
		Subrecipient:
KDE Contact Information		□ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	- NO
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
<b>Description/Fund Source of Award</b>	d and Fiscal Year:	A4 1 1 6 D
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	Daimshaumanna Fuanaanaan
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	Monthly
	Kantucky Donar	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	☑Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tolliaging Dopoli	Financial Reporting Method:
Aaud Aaunt. 6.70.222		⊠ Electronic Submission CDIP Reports
Award Amount: \$ 70,332		Other:
Period of Award:		Zotner.
July 1, 2025-June 30, 2026		<b>Evaluations:</b> Each program will be evaluated per
, , , , , , , , , , , , , , , , , , , ,		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

Authorized By (Name, Title): Veronica Sullivan, Director

Date: July 1, 2025

Name and Address of Recipient		Fund Type:
Agency Name:	Bath County.	⊠State
Street Address:	405 W Main St	□Federal
City, State, Zip:	Owingsville, KY 40360	□Other:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	□Monthly
7	Vontuciou Donor	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCK Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	remederly bepair	Financial Reporting Method:
	, , ,	
Award Amount: \$ 38,851		☑ Electronic Submission CDIP Reports
Period of Award:		□Other:
		Evaluations: Each program will be evaluated pe
July 1, 2025-June 30, 2026		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	by NDE Frogram Contacts.
		mulay properly cortified personnel to provide

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Beechwood Independent. 50 Beechwood Rd Fort Mitchell, KY 41017	Fund Type:  State  Federal  Other:
KDE Contact Information Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	Subrecipient:  ☐ Yes  ☒ No
Street Address: Budget Contact: Street Address: City, State Zip:	300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes ☐ No
Description/Fund Source of Awar Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number: MOA Number:	d and Fiscal Year:  FY26-Gifted & Talented.  N/A  N/A.  N/A  N/A  N/A  N/A  N/A  N	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor
Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 34,667  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:		<ul> <li>☑ Electronic Submission CDIP Reports</li> <li>☐ Other:</li> <li>Evaluations: Each program will be evaluated perspecific program guidelines to be disseminated by KDE Program Contacts.</li> </ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Bell County. PO Box 340 Pineville, KY 40977	Fund Type:  ☑ State  ☐ Federal  ☐ Other:
KDE Contact Information Program Consultant: Street Address: Budget Contact:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346	Subrecipient:  ☐ Yes ☐ No  Research and Development:
Street Address: City, State Zip: Description/Fund Source of Awar	300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	☐ Yes ☑ No
Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number: MOA Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A N/A N/A N/A N/A 130M N/A	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☒ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor
Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A. 704 KAR 3:285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 44,496  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	NACATI	<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Bellevue Independent.	⊠State
Street Address:	219 Center St	□Federal
City, State, Zip:	Bellevue, KY 41073	Other:
,, , <sub> </sub>		=other.
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠ Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	□Monthly
	704 KAR 3.285 TUCKV Depar	□Quarterly
Grant Authority (Source):	704 KAR 3.285	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Izelitatity bepair	
	/ 1	Financial Reporting Method:
Award Amount: \$ 26,104		⊠Electronic Submission <u>CDIP Reports</u>
		□Other:
Period of Award:		Evaluations: Each program will be evaluated pe
July 1, 2025-June 30, 2026		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Berea Independent. 3 Pirate Pkwy Berea, KY 40403	Fund Type:  ☐ State ☐ Federal ☐ Other:
KDE Contact Information Program Consultant:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blyd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes  ☒ No
Street Address: Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes  ☒ No
Description/Fund Source of Award Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☒ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCKY Depar	Reimbursement Frequency:  ☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 30,424  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:		<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Boone County.	⊠State
Street Address:	8330 US 42	□Federal
City, State, Zip:	Florence, KY 41042	□Other:
_		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	Mathad of Daymant
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	Daimhussamant Francisco
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	□Monthly
	704 KAR 3.285	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tollowity Dopoli	Financial Reporting Method:
		⊠Electronic Submission CDIP Reports
Award Amount: \$ 217,876		Other:
Period of Award:		□other:
July 1, 2025-June 30, 2026		Evaluations: Each program will be evaluated pe
July 1, 2023-Julie 30, 2020		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	.,
	seventy-Five (75) percent of a district's Gifted Education allocation shall be used to e	mploy properly cortified personnel to provide
- Special instructions/Conditions: \	reveniv-rive iz 31 percent of a district's Gilleo rougation allocation shall be used to et	HOIOV DEODETIV CELLITEO DELSONNELTO DEOVIGE

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Bourbon County.	⊠State
Street Address:	3343 Lexington Rd	□Federal
City, State, Zip:	Paris, KY 40361	□Other:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	□ res  ⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	∆ NO
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	_ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Award	•	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	□Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	Monthly
1	Vontucky Donor	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tolleadity Dopal	Financial Reporting Method:
		⊠Electronic Submission CDIP Reports
Award Amount: \$45,887		Other:
Period of Award:		Dottler:
July 1, 2025-June 30, 2026	/	Evaluations: Each program will be evaluated per
July 1, 2025-Julie 30, 2020	/ \	specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Bowling Green Independent.	⊠State
Street Address:	1211 Center St	□Federal
City, State, Zip:	Bowling Green, KY 42101	$\square$ Other:
		Subrecipient:
KDE Contact Information		□ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	□Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	Delively was and Forest and
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
[_[]/	704 KAR 3.285 TUCKV Depar	□Quarterly
Grant Authority (Source):	704 KAR 3.285	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tolleadity Dopoli	Financial Reporting Method:
		⊠Electronic Submission CDIP Reports
Award Amount: \$ 61,798		Other:
Period of Award:		Lottler:
July 1, 2025-June 30, 2026		Evaluations: Each program will be evaluated pe
July 1, 2023-Julie 30, 2020		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	, 4

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Boyd County.	⊠State
Street Address:	1104 Bob McCullough Dr	□Federal
City, State, Zip:	Ashland, KY 41102	Other:
o.c,, ocaco, <u></u> p.	, , , , , , , , , , , , , , , , , , ,	Hother.
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	Mathad of Daymant
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A	□Monthly
	Vontucia, Donor	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Italitacity Depair	
	/ 1	Financial Reporting Method:
Award Amount: \$ 49,186		⊠Electronic Submission <u>CDIP Reports</u>
		□Other:
Period of Award:		Evaluations: Each program will be evaluated pe
July 1, 2025-June 30, 2026		
		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Boyle County.	⊠State
Street Address:	352 N Danville By-Pass	□Federal
City, State, Zip:	Danville, KY 40422	☐Other:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	Z IVO
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	Daimburgament Francisco
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	□Monthly
	Kantucky Donor	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tollion of the bold	Financial Reporting Method:
		⊠ Electronic Submission CDIP Reports
Award Amount: \$ 47,035		Other:
Period of Award:		Liother.
July 1, 2025-June 30, 2026		Evaluations: Each program will be evaluated pe
3, 2020 33, 2020		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

Authorized By (Name, Title): Veronica Sullivan, Director

Date: July 1, 2025

Name and Address of Recipient Agency Name:	Bracken County.	Fund Type:
Street Address: City, State, Zip:	348 W Miami St Brooksville, KY 41004	☐ Federal ☐ Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blyd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes  ☒ No
Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes ☐ No
Description/Fund Source of Award Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☐ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly  ☐ Quarterly  ☐ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 31,349  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:		<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

Authorized By (Name, Title): Veronica Sullivan, Director

Date: July 1, 2025

Name and Address of Recipient		Fund Type:
Agency Name:	Breathitt County.	⊠State
Street Address:	PO Box 750	□Federal
City, State, Zip:	Jackson, KY 41339	$\square$ Other:
		Subrecipient:
<b>KDE Contact Information</b>		□ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	2.10
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	☐ Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	B
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
7. [ . [/ ] .[	Kantucky Danar	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tolleadity Dopoli	Financial Reporting Method:
		⊠Electronic Submission CDIP Reports
Award Amount: \$ 37,794		Other:
Period of Award:		Liother.
July 1, 2025-June 30, 2026	/	Evaluations: Each program will be evaluated pe
July 1, 2023 Julie 30, 2020		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Breckinridge County. #86 Airport Road Hardinsburg, KY 40143	Fund Type:  ☑ State  ☐ Federal  ☐ Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes  ☒ No
Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes  ☒ No
Description/Fund Source of Award Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☒ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly  ☐ Quarterly  ☐ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 46,500  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	JCATI	<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Bullitt County.	⊠State
Street Address:	1040 Hwy 44 E	□Federal
City, State, Zip:	Shepherdsville, KY 40165	□Other:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	Mathad of Downson
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	□Monthly
7	Vontucial Donor	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	☑Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Italicativy Dopon	Cilicination Mathed
	/	Financial Reporting Method:
Award Amount: \$ 143,102		☑ Electronic Submission CDIP Reports
		□Other:
Period of Award:		Evaluations: Each program will be evaluated pe
July 1, 2025-June 30, 2026		specific program guidelines to be disseminated
Concertie (Doutneyship Mayekaya	N/A	by KDE Program Contacts.
Consortia/Partnership Members:		
Chasial Instructions /Canditions, C	'avanty Five (7F) persont of a district's Cifted Education allocation shall be used to as	malay aranarly cortified parsangal to arayida

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

Authorized By (Name, Title): Veronica Sullivan, Director

Date: July 1, 2025

		- 1-
Name and Address of Recipient	Description for description at	Fund Type:
Agency Name:	Burgin Independent.	⊠ State
Street Address:	PO Box B	☐ Federal
City, State, Zip:	Burgin, KY 40310	□Other:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	Made at af Daymant
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	Delin bernanna A Francisco
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
7. [ . [/ ] .[	704 KAR 3.285 TUCKV Depar	□Quarterly
Grant Authority (Source):	704 KAR 3.285	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tolleadity Dopoli	Financial Reporting Method:
		☐ Electronic Submission CDIP Reports
Award Amount: \$ 24,780		Other:
Period of Award:		Liother:
	/	Evaluations: Each program will be evaluated pe
July 1, 2025-June 30, 2026	/ \	specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	s, S S

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Butler County.	⊠State
Street Address:	PO Box 339	□Federal
City, State, Zip:	Morgantown, KY 42261	□Other:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	Mathad of Daymant
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	☐ Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	B 1 1 1 5
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	☐ Quarterly ☐ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Italicacity Dopon	
	/	Financial Reporting Method:
Award Amount: \$ 40,739		⊠Electronic Submission
		□Other:
Period of Award:		Evaluations: Each program will be evaluated pe
July 1, 2025-June 30, 2026		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions: S	Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to er	nploy properly certified personnel to provide

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Caldwell County.	⊠State
Street Address:	PO Box 229	☐ Federal
City, State, Zip:	Princeton, KY 42445	□Other:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	☐ Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	□Quarterly
Grant Authority (Source).	704 KAN 3.203	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
		Financial Reporting Method:
Assert American 6 27 820		⊠Electronic Submission CDIP Reports
Award Amount: \$ 37,839		□Other:
Period of Award:		Elother:
July 1, 2025-June 30, 2026		Evaluations: Each program will be evaluated pe
July 1, 2023 Julie 30, 2020		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	. 4
	Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to en	anlow properly cartified personnel to provide
Special IIIsti uctions/ conditions: 3	peventy-rive (73) percent of a district s diffed Education anocation Stidii de dised to el	inploy properly certified personner to provide

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Calloway County. PO Box 800 Murray, KY 42071	Fund Type:  ☑ State  ☐ Federal  ☐ Other:
KDE Contact Information Program Consultant: Street Address: Budget Contact:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346	Subrecipient:  ☐ Yes ☐ No  Research and Development:
Street Address: City, State Zip:	300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	☐ Yes ☐ No
Description/Fund Source of Awar Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number: MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	d and Fiscal Year:  FY26-Gifted & Talented.  N/A  N/A.  N/A  N/A  130M  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor  Reimbursement Frequency: ☐ Monthly ☐ Quarterly ☑ Other: 1st & 3rd Quarters  Financial Reporting Method:
Award Amount: \$ 50,023  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	NACATI	<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Campbell County/Silvergrove Independent.	⊠State
Street Address:	101 Orchard Ln	□ Federal
City, State, Zip:	Alexandria, KY 41001	□Other:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	□Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	Poimhurcoment Fraguency
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	□Monthly
	704 KAR 3.285 TUCKV Depar	□Quarterly
Grant Authority (Source):	704 KAR 3.285	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Torrow orty Dopon.	Financial Reporting Method:
Aand Amazzunti & CO 001		⊠Electronic Submission CDIP Reports
Award Amount: \$ 69,991		Other:
Period of Award:		
July 1, 2025-June 30, 2026		Evaluations: Each program will be evaluated pe
		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Campbellsville Independent.	⊠State
Street Address:	136 S Columbia	□Federal
City, State, Zip:	Campbellsville, KY 42718	Other:
City, State, Zip.	cumpocitornic, KT 427 10	□Ottlet.
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	rd and Fiscal Year:	Mathad of Daymant
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	□Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	Delimber and Francisco
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
7 f - D 1 .f	704 KAR 3.285 TUCK Depar	□Quarterly
Grant Authority (Source):	704 KAR 3.285	⊠ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	itelicacity bepair	Financial Reporting Method:
		· •
Award Amount: \$ 31,845		⊠Electronic Submission CDIP Reports
Davis d of Assessed		□Other:
Period of Award:		Evaluations: Each program will be evaluated pe
July 1, 2025-June 30, 2026		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	by RDE Frogram Contacts.
Consolita, Fai the ship intellibers.		

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

	Award Notification	
Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Carlisle County. 4557 State Rt 1377 Bardwell, KY 42023	Fund Type:  ☑ State  ☐ Federal  ☐ Other:
KDE Contact Information Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Subrecipient:  ☐ Yes  ☑ No  Research and Development:  ☐ Yes  ☑ No
Description/Fund Source of Award Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly  ☐ Quarterly  ☐ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 27,349  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:		<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

Authorized By (Name, Title): Veronica Sullivan, Director
Office of Special Education & Early Learning

Date: July 1, 2025

Name and Address of Recipient		Fund Type:
Agency Name:	Carroll County.	⊠State
Street Address:	813 Hawkins St	Federal
City, State, Zip:	Carrollton, KY 41008	□Other:
		Subrecipient:
<b>KDE Contact Information</b>		□ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	2.10
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
<b>Description/Fund Source of Award</b>	d and Fiscal Year:	24 1 1 50
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐Receipt of Invoice from Vendor
MOA Number:	N/A	Daimhuranna Francisco
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
	704 KAR 3.285 TUCKV Depar	□Quarterly
Grant Authority (Source):	704 KAR 3.285	☑Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	recorded try bopon	Financial Reporting Method:
Assert Amounts & 20 COO		☑ Electronic Submission CDIP Reports
Award Amount: \$39,688		Other:
Period of Award:		
July 1, 2025-June 30, 2026	/ \	<b>Evaluations:</b> Each program will be evaluated per
, , , , , , , , , , , , , , , , , , , ,		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Carter County.	⊠State
Street Address:	228 S Carol Malone Blvd	□Federal
City, State, Zip:	Grayson, KY 41143	□Other:
		Hother.
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	Mathad of Downson
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A	□Monthly
7	Vontucia, Donor	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	⊠ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Italicacity Dopai	CITICALIC OI
	/	Financial Reporting Method:
Award Amount: \$59,014		⊠ Electronic Submission CDIP Reports
		□Other:
Period of Award:		Evaluations: Each program will be evaluated pe
July 1, 2025-June 30, 2026		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

Authorized By (Name, Title): Veronica Sullivan, Director

Date: July 1, 2025

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Casey County. 1922 N US 127 Liberty, KY 42539	Fund Type:  State  Federal  Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blyd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes  ☒ No
Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes  ☒ No
Description/Fund Source of Award Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number: MOA Number:	d and Fiscal Year:  FY26-Gifted & Talented.  N/A  N/A.  N/A  N/A  130M  N/A	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☒ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor
Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCKY Depar	Reimbursement Frequency:  ☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 41,051  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:		<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Caverna Independent.	⊠State
Street Address:	PO Box 240	Federal
City, State, Zip:	Horse Cave, KY 42749	—:
City, State, Zip.	11015e Cave, K1 42745	□Other:
		Subrecipient:
KDE Contact Information		□ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	Made at af Daymand
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	Deinsburgens aut François
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
[_[]/	704 KAR 3.285	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCK Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tollion of the political property and the politi	Financial Reporting Method:
Aand Amazzusti, 6 26 227		⊠ Electronic Submission CDIP Reports
Award Amount: \$ 26,327		□Other:
Period of Award:		- Strief.
July 1, 2025-June 30, 2026		Evaluations: Each program will be evaluated pe
July 1, 2023 Julie 30, 2020		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	
		mpley preparly certified personnel to provide

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Christian County.	⊠State
Street Address:	PO Box 609	□Federal
City, State, Zip:	Hopkinsville, KY 42241	□Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blyd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes ☐ No
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar		Z IVO
Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A N/A N/A N/A	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number:	N/A N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:  Grant Authority (Source):	N/A. 704 KAR 3.285 TUCK Depar	☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters Financial Reporting Method:
Award Amount: \$ 100,090		⊠ Electronic Submission <u>CDIP Reports</u>
Period of Award: July 1, 2025-June 30, 2026	UCATI	☐ Other:  Evaluations: Each program will be evaluated perspecific program guidelines to be disseminated by KDE Program Contacts.
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions: 9	Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to en	mnlov properly certified personnel to provide

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Clark County.	⊠State 
Street Address:	1600 W Lexington Ave	□Federal
City, State, Zip:	Winchester, KY 40391	□Other:
		Subrecipient:
KDE Contact Information		Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠ Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	☐ Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
7	Vontucio, Donor	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	remederly bepon	Financial Reporting Method:
	, , ,	
Award Amount: \$ 69,982		☑ Electronic Submission CDIP Reports
Period of Award:		□Other:
		Evaluations: Each program will be evaluated pe
July 1, 2025-June 30, 2026		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	of Recording Contacts.
consolita, i ai theromp intellibers.		

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Clay County. 128 Richmond Rd Manchester, KY 40962	Fund Type:  State  Federal  Other:
KDE Contact Information Program Consultant:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blyd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes  ☒ No
Street Address: Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes  ☒ No
Description/Fund Source of Award Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☒ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCKV Depar	Reimbursement Frequency:  ☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 47,853  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	JCATI	<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient	Clinton County.	Fund Type:
Agency Name: Street Address:	Rt 4 Box 100 Hwy 127	☐ Federal
City, State, Zip:	Albany, KY 42602	Other:
City, State, Zip.	Albaily, KT 42002	□Otner:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	Mathad of Daymant
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	☐ Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
7 [ [ ] [	704 KAR 3.285 TUCKV Depar	□Quarterly
Grant Authority (Source):	704 KAR 3.285	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	renewally bepair	Cinqueial Departing Mathed
	, , , , , , , , , , , , , , , , , , , ,	Financial Reporting Method:
Award Amount: \$ 34.901		⊠ Electronic Submission CDIP Reports
		□Other:
Period of Award:	/ /	Evaluations: Each program will be evaluated pe
July 1, 2025-June 30, 2026	/ \	specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	by NDL Flogialii Collects.
Consol da/ Fai thership Members.	11/7	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Cloverport Independent.	⊠State
Street Address:	PO Box 37	□Federal
City, State, Zip:	Cloverport, KY 40111	□Other:
		College statement
KDE Contact Information		Subrecipient:
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	Yes
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	⊠ No
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	□ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	•	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	□Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
7	Kontucky Donor	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCK Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Training Dopon	Financial Reporting Method:
Award Amount: \$ 22,902		⊠Electronic Submission CDIP Reports
Awaru Amount. 3 22,302		□Other:
Period of Award:		
July 1, 2025-June 30, 2026	/ \	Evaluations: Each program will be evaluated pe
		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	
Consist Instructions /Conditions	Sweet, Five (75) persont of a district's Cifted Education allocation shall be used to a	malay properly cortified personnel to provide

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Corbin Independent. 108 Roy Kidd Ave Corbin, KY 40701	Fund Type:  State  Federal  Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes  ☒ No
Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes  ☒ No
Description/Fund Source of Award Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number: MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	## and Fiscal Year:  FY26-Gifted & Talented.  N/A  N/A.  N/A  N/A  130M  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor  Reimbursement Frequency: ☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 48.086  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:		<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Covington Independent. 25 E Seventh St Covington, KY 41011	Fund Type:  ☑ State  ☐ Federal  ☐ Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor  Kristin Burton (503) 564-1070 x4246	Subrecipient:  ☐ Yes ☐ No  Research and Development:
Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	☐ Yes ☐ No
Description/Fund Source of Awar Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number: MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	## Fiscal Year:  FY26-Gifted & Talented.  N/A  N/A.  N/A  N/A  N/A  130M  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement ☐ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor  Reimbursement Frequency: ☐ Monthly ☐ Quarterly ☐ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 57.861  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:		<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name:	Crittenden County.	Fund Type:  ⊠ State
Street Address:	PO Box 362	Federal
City, State, Zip:	Marion, KY 42064	Other:
City) State) 2.p.	Marion, IX. 12001	Dottier.
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
<b>Description/Fund Source of Award</b>	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A	☐Monthly
	Vontucky Donor	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Itelicacity Depair	Cilionid Deposition Market
		Financial Reporting Method:
Award Amount: \$ 33,636		☑ Electronic Submission CDIP Reports
		□Other:
Period of Award:	/	<b>Evaluations:</b> Each program will be evaluated per
July 1, 2025-June 30, 2026	/ \	specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	by KDL 1 logialli contacts.
Consolita, Fai thership intellibers.		

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Cumberland County.	⊠State
Street Address:	PO Box 420	□Federal
City, State, Zip:	Burkesville, KY 42717	□Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes ☐ No
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	□ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar		
Description: Federal Award Date: Federal Agency: ALN#:	FY26-Gifted & Talented. N/A N/A. N/A	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum
PR/AWARD NUMBER (FAIN):	N/A	Receipt of Invoice from Vendor
MUNIS Project Number: MOA Number:	130M N/A	Execupt of invoice from vehicor
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:  Grant Authority (Source):	N/A. 704 KAR 3.285 TUCK Depar	☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 29,568		⊠ Electronic Submission CDIP Reports
Period of Award:		☐Other:  Evaluations: Each program will be evaluated pe
July 1, 2025-June 30, 2026		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions: 9	Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to e	mploy properly certified personnel to provide

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Danville Independent.	⊠State
Street Address:	152 E Martin Luther King Blvd	□Federal
City, State, Zip:	Danville, KY 40422	□Other:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	M NO
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	Daimburgament Francisco
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	□Monthly
	Kantucky Donar	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	TOTAL OF THE PARTY	Financial Reporting Method:
A		⊠ Electronic Submission CDIP Reports
Award Amount: \$38,102		Other:
Period of Award:		
July 1, 2025-June 30, 2026	/ \	<b>Evaluations:</b> Each program will be evaluated pe
		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Daviess County.	⊠State
Street Address:	PO Box 21510	□Federal
City, State, Zip:	Owensboro, KY 42304	☐Other:
		Subrecipient:
KDE Contact Information		_ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	•
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	Made at af Daymand
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	Deinsburgens aut François
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
[_[]/	704 KAR 3.285 TUCKV Depar	□Quarterly
Grant Authority (Source):	704 KAR 3.285	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tolleadity Dopoli	Financial Reporting Method:
		⊠Electronic Submission <u>CDIP Reports</u>
Award Amount: \$ 129,965		Other:
Period of Award:		□otner:
		Evaluations: Each program will be evaluated pe
July 1, 2025-June 30, 2026	/ \	specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	,
,		

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Dawson Springs Independent.  118 E Arcadia Ave  Dawson Springs, KY 42408	Fund Type:  State  Federal  Other:
KDE Contact Information Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Subrecipient:  ☐ Yes ☐ No  Research and Development: ☐ Yes ☐ No
Description/Fund Source of Awar Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A N/A N/A N/A	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 25,208  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:		<ul> <li>☑ Electronic Submission</li></ul>
	seventy-Five (75) percent of a district's Cifted Education allocation shall be used to ex	mploy properly certified personnel to provide

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Dayton Independent. 200 Clay St Dayton, KY 41074	Fund Type:  ☐ State ☐ Federal ☐ Other:
KDE Contact Information Program Consultant: Street Address: Budget Contact: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor.	Subrecipient:  ☐ Yes  ☐ No  Research and Development:  ☐ Yes
City, State Zip:  Description/Fund Source of Awar Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	<ul> <li>No</li> <li>Method of Payment</li> <li>□ Federal Cash Request</li> <li>□ Expenditure Reimbursement</li> <li>⋈ Automatic Payment</li> <li>□ Lump Sum</li> <li>□ Receipt of Invoice from Vendor</li> </ul>
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 28,303  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:		<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	East Bernstadt Independent.	⊠State
Street Address:	PO Box 128	□Federal
City, State, Zip:	East Bernstadt, KY 40729	☐Other:
		Subrecipient:
KDE Contact Information	1 1 1 1/500 554 4050 4445	☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	Research and Davidonments
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:   Yes
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar		Method of Payment
Description:	FY26-Gifted & Talented.	☐ Federal Cash Request
Federal Award Date:	N/A N/A.	☐ Expenditure Reimbursement
Federal Agency: ALN#:	N/A. N/A	
PR/AWARD NUMBER (FAIN):	N/A N/A	□Lump Sum
MUNIS Project Number:	130M	Receipt of Invoice from Vendor
MOA Number:	N/A	Eneccipt of invoice from vendor
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
Restricted indirect cost rate.	Mantucky Danar	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Transfer of the second	Financial Reporting Method:
Assert American C 24 040		⊠ Electronic Submission CDIP Reports
Award Amount: \$ 24,848		□Other:
Period of Award:		_other.
July 1, 2025-June 30, 2026		Evaluations: Each program will be evaluated pe
3, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members	N/A	
Special Instructions/Conditions:	Seventy-Five (75) percent of a district's Cifted Education allocation shall be used to e	mploy properly certified personnel to provide

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Edmonson County.	⊠State
Street Address:	PO Box 129	□Federal
City, State, Zip:	Brownsville, KY 42210	$\square$ Other:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	Mathad of Daymant
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	Daimhuraamant Francisco
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	□Monthly
	704 KAR 3.285 TUCKV Depar	□Quarterly
Grant Authority (Source):	704 KAR 3.285	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tolloodity Dopoli	Financial Reporting Method:
		⊠Electronic Submission <u>CDIP Reports</u>
Award Amount: \$ 38,375		Other:
Period of Award:		□otner.
July 1, 2025-June 30, 2026		Evaluations: Each program will be evaluated pe
July 1, 2023-Julie 30, 2020		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	,

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

		_
Name and Address of Recipient		Fund Type:
Agency Name:	Elizabethtown Independent.	⊠State
Street Address:	219 Helm St	□Federal
City, State, Zip:	Elizabethtown, KY 42701	□Other:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	MO
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	$\square$ Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	□Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
7. [ . [/ ] .[	704 KAR 3.285 TUCKV Depar	□Quarterly
Grant Authority (Source):	704 KAR 3.285	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tolleadity Dopoli	Financial Reporting Method:
		⊠Electronic Submission CDIP Reports
Award Amount: \$ 43,990		Other:
Period of Award:		Dottler.
July 1, 2025-June 30, 2026	/	Evaluations: Each program will be evaluated pe
July 1, 2023-Julie 30, 2020		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Elliott County.	⊠State
Street Address:	PO Box 767	□Federal
City, State, Zip:	Sandy Hook, KY 41171	□Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes  ☒ No
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar		Z IVO
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	□Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A	☐Monthly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	□Quarterly ☑Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
		Financial Reporting Method:
Award Amount: \$ 28,799		⊠Electronic Submission CDIP Reports
Awara Amount. \$20,733		□Other:
Period of Award:		
July 1, 2025-June 30, 2026		<b>Evaluations:</b> Each program will be evaluated pe
		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions: S	Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to en	mploy properly certified personnel to provide

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Eminence Independent.	⊠ State
Street Address:	PO Box 146	□ Federal
City, State, Zip:	Eminence, KY 40019	□Other:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar		Method of Payment
Description:	FY26-Gifted & Talented.	Federal Cash Request
Federal Award Date:	N/A	☐ Expenditure Reimbursement
Federal Agency:	N/A.	•
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	□Lump Sum
MUNIS Project Number:	130M	$\square$ Receipt of Invoice from Vendor
MOA Number:	N/A	Reimbursement Frequency:
Pass-through Number:	N/A	☐ Monthly
Restricted Indirect Cost Rate:	N/A.	Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCK Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
Grant Authority (Source).	104 KAIC 3.203 ILULI VI LIEUGII	Auguarters
		Financial Reporting Method:
Award Amount: \$ 29,568		⊠ Electronic Submission CDIP Reports
Award Amount. \$25,500		□Other:
Period of Award:		<b>5</b> - <b>1</b> - <b>2</b> -
July 1, 2025-June 30, 2026		<b>Evaluations:</b> Each program will be evaluated pe
		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Erlanger-Elsmere Independent. 500 Graves Ave Erlanger, KY 41018	Fund Type:  State  Federal  Other:
KDE Contact Information Program Consultant: Street Address: Budget Contact:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346	Subrecipient:  ☐ Yes  ☑ No  Research and Development:
Street Address: City, State Zip: Description/Fund Source of Awar	300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	☐ Yes ☑ No
Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 43,192  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	J C A T I	<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient	5 VW 6	Fund Type:
Agency Name:	Estill County.	State
Street Address:	PO Box 930	□Federal
City, State, Zip:	Irvine, KY 40336	☐Other:
		Subrecipient:
KDE Contact Information		□ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
<b>Description/Fund Source of Award</b>	d and Fiscal Year:	Marks of af Daymana
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	Datashawa and European
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	Monthly
1. r	Kantucky Danar	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tolleadity Dopal	Financial Reporting Method:
		⊠Electronic Submission CDIP Reports
Award Amount: \$40,710		Other:
Period of Award:		Dother:
July 1, 2025-June 30, 2026	/	Evaluations: Each program will be evaluated per
July 1, 2023-Julie 30, 2028		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Basiniant		Found Towns
Name and Address of Recipient	Fairvious Indonomidant	Fund Type:
Agency Name: Street Address:	Fairview Independent. 2201 Main Street	
		□Federal
City, State, Zip:	Ashland, KY 41102	□Other:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	— ···
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	Made at af Daymand
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	Deinsburgens aut François
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	□Monthly
\_[\/	704 KAR 3.285 TUCKV Depar	□Quarterly
Grant Authority (Source):	704 KAR 3.285	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tollow City Dopoli	Financial Reporting Method:
		⊠Electronic Submission CDIP Reports
Award Amount: \$ 25,977		Other:
Period of Award:		Dottler.
July 1, 2025-June 30, 2026	/	Evaluations: Each program will be evaluated pe
July 1, 2023-Julie 30, 2020		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Fayette County. 701 E Main St Lexington, KY 40502	Fund Type:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes  ☒ No
Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes  ☒ No
Description/Fund Source of Award Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A N/A N/A	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☑ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  Monthly  Quarterly  Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 419,394  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	J C A T I	<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Fleming County.	⊠State
Street Address:	211 W Water St	☐ Federal
City, State, Zip:	Flemingsburg, KY 41041	□Other:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠ Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
7 [ [ ] ] .[	Kontucky Donor	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCK Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tollicating Dopoli	Financial Reporting Method:
		⊠Electronic Submission <u>CDIP Reports</u>
Award Amount: \$ 40,788		□Other:
Period of Award:		Liother.
July 1, 2025-June 30, 2026		Evaluations: Each program will be evaluated pe
July 1, 2023-Julie 30, 2020		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	,
		mpley properly cortified personnel to provide

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Floyd County.	⊠State
Street Address:	106 N Front Ave	□Federal
City, State, Zip:	Prestonsburg, KY 41653	□Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes ☐ No
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	□ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar		
Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number: MOA Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M N/A	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement ☐ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:  Grant Authority (Source):	N/A. 704 KAR 3.285 TUCK Depar	☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters Financial Reporting Method:
Award Amount: \$73,563		⊠Electronic Submission <u>CDIP Reports</u>
Period of Award:		□Other:
July 1, 2025-June 30, 2026		<b>Evaluations:</b> Each program will be evaluated pe
		specific program guidelines to be disseminated by KDE Program Contacts.
Consortia/Partnership Members:	N/A	by NDE Program Contacts.
Special Instructions/Conditions: S	Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to en	nploy properly certified personnel to provide

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Fort Thomas Independent. 28 N Ft Thomas Ave Fort Thomas, KY 41075	Fund Type:  ☑ State  ☐ Federal  ☐ Other:
KDE Contact Information Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Subrecipient:  ☐ Yes  ☒ No  Research and Development:  ☐ Yes  ☒ No
Description/Fund Source of Awar Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	d and Fiscal Year:  FY26-Gifted & Talented.  N/A  N/A.  N/A.  N/A  N/A  N/A  130M	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 50,354  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:		<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Frankfort Independent. 309 Shelby St Frankfort, KY 40601	Fund Type:  State  Federal  Other:
KDE Contact Information Program Consultant: Street Address: Budget Contact: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor.	Subrecipient:  ☐ Yes  ☐ No  Research and Development:  ☐ Yes
City, State Zip:  Description/Fund Source of Awar Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	<ul> <li>No</li> <li>Method of Payment</li> <li>□ Federal Cash Request</li> <li>□ Expenditure Reimbursement</li> <li>⋈ Automatic Payment</li> <li>□ Lump Sum</li> <li>□ Receipt of Invoice from Vendor</li> </ul>
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 29,286  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:		<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Desiriant		Freed Trees
Name and Address of Recipient	Franklin County.	Fund Type:
Agency Name: Street Address:	625 Chamberlin Avenue	
	Frankfort, KY 40601	□Federal
City, State, Zip:	Frankfort, KY 40601	□Other:
		Subrecipient:
KDE Contact Information		Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	☐ Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	□Monthly
7 [ [ ] [	704 KAR 3.285 TUCKV Depar	□Quarterly
Grant Authority (Source):	704 KAR 3.285	⊠ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	remederly bepair	Financial Depositing Methods
	, , , , , , , , , , , , , , , , , , , ,	Financial Reporting Method:
Award Amount: \$ 79,635		⊠Electronic Submission
Paris def Assert		□Other:
Period of Award:		Evaluations: Each program will be evaluated pe
July 1, 2025-June 30, 2026		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	by RDE Frogram Contacts.
consorta, rai thership Members.		

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Fulton County.	⊠State
Street Address:	2780 Moscow Ave	□Federal
City, State, Zip:	Hickman, KY 42050	□Other:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	□ res  ⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	∆ NO
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	□ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Aware	•	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	□Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	5.1
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	Monthly
	Kantucky Donar	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tollidadity Dopali	Financial Reporting Method:
Aaud Aaunt. 6.26.227		⊠ Electronic Submission CDIP Reports
Award Amount: \$ 26,327		□Other:
Period of Award:		Louier.
July 1, 2025-June 30, 2026		Evaluations: Each program will be evaluated per
, , , , , , , , , , , , , , , , , , , ,		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

Authorized By (Name, Title): Veronica Sullivan, Director

Date: July 1, 2025

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Fulton Independent. 304 West State Line Fulton, KY 42041	Fund Type:  State  Federal  Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes ☐ No
Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes  ☒ No
Description/Fund Source of Awar Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
Award Amount: \$ 23,058  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	UCATI	Financial Reporting Method:  ⊠ Electronic Submission CDIP Reports  □ Other:  Evaluations: Each program will be evaluated perspecific program guidelines to be disseminated by KDE Program Contacts.

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Gallatin County. PO Box 147 Warsaw, KY 41095	Fund Type:  ☑ State  ☐ Federal  ☐ Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes  ☑ No
Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes  ☒ No
Description/Fund Source of Awar Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number: MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	d and Fiscal Year:  FY26-Gifted & Talented.  N/A  N/A.  N/A  N/A  130M  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor  Reimbursement Frequency: ☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 35,309  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	N/A CATI	<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Garrard County. 322 W Maple St Lancaster, KY 40444	Fund Type:  State  □ Federal  □ Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes  ☒ No
Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes  ☒ No
Description/Fund Source of Award Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number: MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	FY26-Gifted & Talented.  N/A  N/A.  N/A  N/A  N/A  130M  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☐ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor  Reimbursement Frequency:  ☐ Monthly  ☐ Quarterly  ☐ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 45,547  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	J CATI	⊠Electronic Submission

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

		- 1-
Name and Address of Recipient		Fund Type:
Agency Name:	Glasgow Independent.	⊠State
Street Address:	PO Box 1239	□Federal
City, State, Zip:	Glasgow, KY 42142	□Other:
		Subrecipient:
KDE Contact Information		□ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	B. 1
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
7	704 KAR 3.285 TUCKV Depar	□Quarterly
Grant Authority (Source):	704 KAR 3.285	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tolleadity Dopoli	Financial Reporting Method:
	, ,	Electronic Submission CDIP Reports
Award Amount: \$43,571		
Period of Award:		□Other:
		Evaluations: Each program will be evaluated pe
July 1, 2025-June 30, 2026	/ \	specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	27 2 Og. di

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Grant County. 820 Arnie Risen Boulevard Williamstown, KY 41097	Fund Type:  ☐ State ☐ Federal ☐ Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes ☐ No
Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes ☐ No
Description/Fund Source of Awar Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number: MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	d and Fiscal Year:  FY26-Gifted & Talented.  N/A  N/A.  N/A  N/A  130M  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor  Reimbursement Frequency: ☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
Award Amount: \$ 53,273  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	UCATI	Financial Reporting Method:  ☑ Electronic Submission CDIP Reports  ☐ Other:  Evaluations: Each program will be evaluated perspecific program guidelines to be disseminated by KDE Program Contacts.

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Graves County. 2290 State Rt 121 N Mayfield, KY 42066	Fund Type:  ☑ State  ☐ Federal  ☐ Other:
KDE Contact Information Program Consultant: Street Address: Budget Contact:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346	Subrecipient:  ☐ Yes  ☐ No  Research and Development:
Street Address: City, State Zip: Description/Fund Source of Award	300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	☐ Yes ☒ No
Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly  ☐ Quarterly  ☐ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 58,625  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	JCATI	<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Grayson County.	⊠State
Street Address:	PO Box 4009	□Federal
City, State, Zip:	Leitchfield, KY 42754	□Other:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar		Method of Payment
Description:	FY26-Gifted & Talented.	-
Federal Award Date:	N/A	Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	$\square$ Receipt of Invoice from Vendor
MOA Number:	N/A	Reimbursement Frequency:
Pass-through Number:	N/A	· · · · · · · · · · · · · · · · · · ·
Restricted Indirect Cost Rate:	N/A.	□Monthly
	704 KAR 3.285	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	TOTAL OF THE STATE	Financial Reporting Method:
		⊠Electronic Submission CDIP Reports
Award Amount: \$ 58,547		Other:
Period of Award:		Liottier.
July 1, 2025-June 30, 2026		Evaluations: Each program will be evaluated pe
July 1, 2023-Julie 30, 2020		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	,
	Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to ex	mnloy properly certified personnel to provide

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Green County. PO Box 369 Greensburg, KY 42743	Fund Type:  ☑ State  ☐ Federal  ☐ Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes ☐ No
Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes  ☒ No
Description/Fund Source of Awar Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number: MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	d and Fiscal Year:  FY26-Gifted & Talented.  N/A  N/A.  N/A  N/A  130M  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor  Reimbursement Frequency: ☐ Monthly ☐ Quarterly ☑ Other: 1st & 3rd Quarters
Award Amount: \$ 35,757  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	UCATI	Financial Reporting Method:  ⊠ Electronic Submission CDIP Reports  □ Other:  Evaluations: Each program will be evaluated perspecific program guidelines to be disseminated by KDE Program Contacts.

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Greenup County. 8000 US 23 N Greenup, KY 41144	Fund Type:  State  Federal  Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes  ☑ No
Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes  ☒ No
Description/Fund Source of Award Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☒ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCKY Depar	Reimbursement Frequency:  ☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 46,208  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	JCATI	<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Hancock County. 83 State Rt 271 N Hawesville, KY 42348	Fund Type:  ☑ State  ☐ Federal  ☐ Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes  ☒ No
Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes  ☒ No
Description/Fund Source of Award Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☑ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly  ☐ Quarterly  ☐ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 35,543  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:		<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

Authorized By (Name, Title): Veronica Sullivan, Director

Date: July 1, 2025

Name and Address of Recipient	Handin Count Mark Point	Fund Type:
Agency Name:	Hardin CountyWest Point.	⊠State
Street Address:	65 W A Jenkins Rd	Federal
City, State, Zip:	Elizabethtown, KY 42701	□Other:
		Subrecipient:
<b>KDE Contact Information</b>		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	·
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A	□Monthly
	Vontucia, Donor	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	⊠ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	renewery bepar	Financial Deposition Mathed
	, , , , , , , , , , , , , , , , , , , ,	Financial Reporting Method:
Award Amount: \$ 162,992		⊠ Electronic Submission CDIP Reports
		□Other:
Period of Award:	/ _ /	Evaluations: Each program will be evaluated pe
July 1, 2025-June 30, 2026		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	by RDE Frogram Contacts.
Consol day Fai thership Members.	IV/M	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Harlan County. 251 Ball Park Rd Harlan, KY 40831	Fund Type:  ☑ State  ☐ Federal  ☐ Other:
KDE Contact Information Program Consultant: Street Address: Budget Contact:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346	Subrecipient:  ☐ Yes  ☒ No  Research and Development:
Street Address: City, State Zip: Description/Fund Source of Award	300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601  and Fiscal Year:	☐ Yes ☑ No
Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  Monthly  Quarterly  Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 57,407  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:		<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Harlan Independent.	⊠State
Street Address:	420 E Central St	□Federal
City, State, Zip:	Harlan, KY 40831	□Other:
		Cubucciniont.
KDE Contact Information		Subrecipient:  Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	⊠ No
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	□ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Aware	•	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	□Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	·
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A	☐Monthly
	Vontucky Donor	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Itelitacity Depair	Financial Reporting Method:
		•
Award Amount: \$ 27,398		☑ Electronic Submission CDIP Reports
Period of Award:		□Other:
	/	Evaluations: Each program will be evaluated per
July 1, 2025-June 30, 2026		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	5, 112,113,111

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Harrison County. 324 Webster Ave Cynthiana, KY 41031	Fund Type:  ☑ State  ☐ Federal  ☐ Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes  ☒ No
Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes  ☒ No
Description/Fund Source of Award Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☑ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCKY Depar	Reimbursement Frequency:  ☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 47,687  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:		<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

Authorized By (Name, Title): Veronica Sullivan, Director
Office of Special Education & Early Learning

Date: July 1, 2025

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Hart County. 511 W Union St Munfordville, KY 42765	Fund Type:  State  Federal  Other:
KDE Contact Information Program Consultant: Street Address: Budget Contact: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor.	Subrecipient:  ☐ Yes ☐ No  Research and Development: ☐ Yes
City, State Zip:  Description/Fund Source of Awar	Frankfort, KY 40601  d and Fiscal Year:  FY26-Gifted & Talented.	<ul><li>☑ No</li><li>Method of Payment</li></ul>
Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	N/A N/A. N/A N/A 130M	☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
Award Amount: \$ 42,656  Period of Award: July 1, 2025-June 30, 2026	UCATI	Financial Reporting Method:  ⊠ Electronic Submission CDIP Reports  □ Other:  Evaluations: Each program will be evaluated perspecific program guidelines to be disseminated by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Hazard Independent. 705 Main Street Hazard, KY 41701	Fund Type:  State  Federal  Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes ☐ No
Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes  ☒ No
Description/Fund Source of Award Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
Award Amount: \$ 29,510  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	UCATI	Financial Reporting Method:  ⊠ Electronic Submission CDIP Reports  □ Other:  Evaluations: Each program will be evaluated pe specific program guidelines to be disseminated by KDE Program Contacts.

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Henderson County.	⊠State
Street Address:	1805 Second St	□Federal
City, State, Zip:	Henderson, KY 42420	□Other:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	∆ NO
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	□ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Aware	·	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	□Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	Monthly
1. r (/ 1 . r	Kantucky Danar	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tolleadity Dopal	Financial Reporting Method:
		⊠Electronic Submission CDIP Reports
Award Amount: \$87,400		Other:
Period of Award:		Dother:
July 1, 2025-June 30, 2026	/	Evaluations: Each program will be evaluated per
July 1, 2025-Julie 30, 2020	/ \	specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Henry County.	⊠State
Street Address:	326 S Main St	□Federal
City, State, Zip:	New Castle, KY 40050	□Other:
		Subrecipient:
KDE Contact Information		□ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	2110
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	Dalinda and English
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
\_[\/	704 KAR 3.285 TUCKV Depar	□Quarterly
Grant Authority (Source):	704 KAR 3:285	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tollied City Dopoli	Financial Reporting Method:
		⊠ Electronic Submission CDIP Reports
Award Amount: \$ 39,552		Other:
Period of Award:		Liottier.
July 1, 2025-June 30, 2026		Evaluations: Each program will be evaluated pe
July 1, 2023-Julie 30, 2020		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name:	Hickman County.	Fund Type:
Street Address:	416 Waterfield Dr	□Federal
City, State, Zip:	Clinton, KY 42031	Other:
, , , , , , ,	,	- other.
WD5.0		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
<b>Description/Fund Source of Award</b>	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	□Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	·
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A	☐Monthly
Restricted marrect cost rate.	12 a la true la	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKY Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
US (151) UR	INCITUALITY DUDGE	
		Financial Reporting Method:
Award Amount: \$ 27,252		⊠ Electronic Submission CDIP Reports
Awara Amounti \$ 27,252		□Other:
Period of Award:		
July 1, 2025-June 30, 2026	/ \	<b>Evaluations:</b> Each program will be evaluated per
		specific program guidelines to be disseminated
		by KDE Program Contacts.
<b>Consortia/Partnership Members:</b>	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Hopkins County. 320 S Seminary St Madisonville, KY 42431	Fund Type:  State  □ Federal  □ Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes  ☒ No
Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes  ☒ No
Description/Fund Source of Award Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☑ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly  ☐ Quarterly  ☐ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$83,128  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:		<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Basiniant		Found Tours
Name and Address of Recipient	Jankson County	Fund Type:
Agency Name: Street Address:	Jackson County. PO Box 217	⊠State
		Federal
City, State, Zip:	McKee, KY 40447	□Other:
		Subrecipient:
KDE Contact Information		□ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	2.10
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A	□Monthly
7	Vontuciou Donor	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	remederly bepair	Financial Departing Mathed
	, , , , , , , , , , , , , , , , , , , ,	Financial Reporting Method:
Award Amount: \$ 39,893		⊠Electronic Submission
2 1 1 1		□Other:
Period of Award:		Evaluations: Each program will be evaluated pe
July 1, 2025-June 30, 2026		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	by NDE 110grain contacts.
Consol day Fai thership Members.	14/7	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Jackson Independent. 940 Highland Ave Jackson, KY 41339	Fund Type:  State  Federal  Other:
KDE Contact Information Program Consultant: Street Address: Budget Contact:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346	Subrecipient:  ☐ Yes  ☑ No  Research and Development:
Street Address: City, State Zip: Description/Fund Source of Awar	300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	☐ Yes ☑ No
Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 23,175  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	NACATI	<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:	
Agency Name:	Jefferson County.	⊠State	
Street Address:	PO Box 34020	□Federal	
City, State, Zip:	Louisville, KY 40232	□Other:	
		Subrecipient:	
KDE Contact Information		Yes	
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No	
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor		
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:	
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes	
City, State Zip:	Frankfort, KY 40601	⊠ No	
Description/Fund Source of Awar	d and Fiscal Year:		
Description:	FY26-Gifted & Talented.	Method of Payment	
Federal Award Date:	N/A	☐ Federal Cash Request	
Federal Agency:	N/A.	☐ Expenditure Reimbursement	
ALN#:	N/A	⊠ Automatic Payment	
PR/AWARD NUMBER (FAIN):	N/A	☐ Lump Sum	
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor	
MOA Number:	N/A		
Pass-through Number:	N/A	Reimbursement Frequency:	
Restricted Indirect Cost Rate:	N/A.	☐Monthly	
7	Vontucio, Donor	□Quarterly	
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters	
	Tolleadity Dopol	Financial Reporting Method:	
	, , ,	⊠ Electronic Submission CDIP Reports	
Award Amount: \$ 948,325			
Period of Award:		□Other:	
		Evaluations: Each program will be evaluated pe	
July 1, 2025-June 30, 2026		specific program guidelines to be disseminated	
		by KDE Program Contacts.	
Consortia/Partnership Members:	N/A	2, 112 2 1 1 2 8 1 d 11 d 2 1	
Constitution of the consti			

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Jenkins Independent. PO Box 74 Jenkins, KY 41537	Fund Type:  State  Federal  Other:
KDE Contact Information Program Consultant: Street Address: Budget Contact: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor.	Subrecipient:  ☐ Yes  ☐ No  Research and Development:  ☐ Yes
City, State Zip:  Description/Fund Source of Awar Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN):	FY26-Gifted & Talented. N/A N/A. N/A N/A	<ul> <li>No</li> <li>Method of Payment</li> <li>□ Federal Cash Request</li> <li>□ Expenditure Reimbursement</li> <li>⋈ Automatic Payment</li> <li>□ Lump Sum</li> </ul>
MUNIS Project Number: MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	130M N/A N/A N/A. 704 KAR 3:285 TUCK Depar	□ Receipt of Invoice from Vendor  Reimbursement Frequency: □ Monthly □ Quarterly □ Other: 1st & 3rd Quarters  Financial Penorting Method:
Award Amount: \$ 24,449  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:		Financial Reporting Method:  ⊠ Electronic Submission CDIP Reports  □ Other:  Evaluations: Each program will be evaluated pe specific program guidelines to be disseminated by KDE Program Contacts.

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Jessamine County. 871 Wilmore Rd Nicholasville, KY 40356	Fund Type:  State  Federal  Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blyd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes ☐ No
Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes  ☒ No
Description/Fund Source of Award Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☒ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCKY Depar	Reimbursement Frequency:  ☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 99,389  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	JCATI	<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Johnson County. 253 N Mayo Tr Paintsville, KY 41240	Fund Type:  State  □ Federal  □ Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes  ☒ No
Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes  ☒ No
Description/Fund Source of Award Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number: MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	## Add And Fiscal Year:  FY26-Gifted & Talented.  N/A  N/A.  N/A  N/A  130M  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☐ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor  Reimbursement Frequency:  ☐ Monthly  ☐ Quarterly  ☐ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 52,874  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	CATI	<ul> <li>☑ Electronic Submission CDIP Reports</li> <li>☐ Other:</li> <li>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</li> </ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Kenton County.  Street Address: 1055 Eaton Dr City, State, Zip: Fort Wright, KY 41017  KDE Contact Information Program Consultant: Lynn Lockard-(502) 564-4970 x4115. Street Address: 300 Sower Blvd-4™ Floor Budget Contact: Kristin Burton-(502) 564-1979 x4346 Street Address: 300 Sower Blvd-5™ Floor. Street Address: No Sower Blvd-6™ Floor. Street Address: N
Street Address: 1055 Eaton Dr City, State, Zip: Fort Wright, KY 41017    City, State, Zip: Fort Wright, KY 41017
City, State, Zip: Fort Wright, KY 41017
KDE Contact Information  Program Consultant:  Lynn Lockard-(502) 564-4970 x4115.  Street Address:  300 Sower Blvd-4 <sup>th</sup> Floor  Budget Contact:  Kristin Burton-(502) 564-1979 x4346  Research and Development:  Street Address:  300 Sower Blvd5 <sup>th</sup> Floor.    Yes
KDE Contact Information Program Consultant:
Program Consultant:  Lynn Lockard-(502) 564-4970 x4115.  Street Address:  300 Sower Blvd-4 <sup>th</sup> Floor  Budget Contact:  Kristin Burton-(502) 564-1979 x4346  Street Address:  300 Sower Blvd5 <sup>th</sup> Floor.  City, State Zip:  Frankfort, KY 40601  Description/Fund Source of Award and Fiscal Year:  Description:  FY26-Gifted & Talented.  Federal Award Date:  Federal Award Date:  N/A  Federal Agency:  ALN#:  N/A  MUNIS Project Number:  MOA Number:  N/A  Reserrch and Development:  No  Research and Development:  No  Wethod of Payment  □ Federal Cash Request  □ Expenditure Reimbursement  Automatic Payment  □ Lump Sum  □ Receipt of Invoice from Vendor  N/A  Reimbursement Frequency:  N/A  Restricted Indirect Cost Rate:  N/A.
Street Address: 300 Sower Blvd-4 <sup>th</sup> Floor  Budget Contact: Kristin Burton-(502) 564-1979 x4346  Street Address: 300 Sower Blvd5 <sup>th</sup> Floor.
Budget Contact: Kristin Burton-(502) 564-1979 x4346  Street Address: 300 Sower Blvd5 <sup>th</sup> Floor.
Street Address: 300 Sower Blvd5 <sup>th</sup> Floor.
City, State Zip: Frankfort, KY 40601  Description/Fund Source of Award and Fiscal Year:  Description: FY26-Gifted & Talented.  Federal Award Date: N/A  Federal Agency: N/A.  ALN#: N/A  PR/AWARD NUMBER (FAIN): N/A  MUNIS Project Number: 130M  MOA Number: N/A  Restricted Indirect Cost Rate: N/A.  N/A  Prankfort, KY 40601  Method of Payment  Frankfort, KY 40601  Method of Payment  Frankfort, KY 40601   Method of Payment  Frankfort, KY 40601  Method of Payment  Frankfort, KY 40601  Method of Payment  Frankfort, KY 40601  Method of Payment  Frankfort, KY 40601  Method of Payment  Frankfort, KY 40601  Method of Payment  Frankfort, KY 40601  Method of Payment  Frankfort, KY 40601  Method of Payment  Frankfort, KY 40601  Method of Payment  Frederal Cash Request  Frankfort, KY 40601  Method of Payment  Frederal Cash Request  Frankfort, KY 40601  Method of Payment  Frederal Cash Request  Frankfort, KY 40601  Method of Payment  Frederal Cash Request  Frankfort, KY 40601  Method of Payment  Frederal Cash Request  Frankfort, KY 40601  Method of Payment  Fraderal Cash Request
Description/Fund Source of Award and Fiscal Year:         Description:       FY26-Gifted & Talented.         Federal Award Date:       N/A         Federal Agency:       N/A.         ALN#:       N/A         PR/AWARD NUMBER (FAIN):       N/A         MUNIS Project Number:       130M         MOA Number:       N/A         Pass-through Number:       N/A         Restricted Indirect Cost Rate:       N/A
Description: FY26-Gifted & Talented.  Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MOA Number: Pass-through Number: Restricted Indirect Cost Rate: N/A  N/A  FY26-Gifted & Talented.  N/A    Federal Cash Request   Expenditure Reimbursement   Automatic Payment   Lump Sum   Receipt of Invoice from Vendor   Reimbursement Frequency:   Monthly
Federal Award Date:  Federal Award Date:  N/A  Federal Agency:  N/A  N/A  ALN#:  PR/AWARD NUMBER (FAIN):  MUNIS Project Number:  MOA Number:  Pass-through Number:  Restricted Indirect Cost Rate:  N/A  Federal Cash Request  Expenditure Reimbursement  Automatic Payment  Lump Sum  Receipt of Invoice from Vendor  Reimbursement Frequency:  Monthly
Federal Agency:  ALN#:  N/A  PR/AWARD NUMBER (FAIN):  MUNIS Project Number:  MOA Number:  Pass-through Number:  N/A  Restricted Indirect Cost Rate:  N/A    Expenditure Reimbursement
ALN#:  N/A  PR/AWARD NUMBER (FAIN):  MUNIS Project Number:  MOA Number:  Pass-through Number:  N/A  N/A  Automatic Payment  Lump Sum  Receipt of Invoice from Vendor  Reimbursement Frequency:  MOA Number:  N/A  Reimbursement Frequency:  Monthly
PR/AWARD NUMBER (FAIN):  MUNIS Project Number:  MOA Number:  Pass-through Number:  Restricted Indirect Cost Rate:  N/A  N/A  Lump Sum  Receipt of Invoice from Vendor  Reimbursement Frequency:  Monthly
MUNIS Project Number:  MOA Number:  Pass-through Number:  N/A  Restricted Indirect Cost Rate:  N/A.    Receipt of Invoice from Vendor    Receipt of Invoice from Vendor    Reimbursement Frequency:   Monthly
MOA Number: N/A Pass-through Number: N/A Restricted Indirect Cost Rate: N/A.  Restricted Indirect Cost Rate: N/A.  Reimbursement Frequency: □ Monthly
MOA Number: N/A Pass-through Number: N/A Restricted Indirect Cost Rate: N/A.  Restricted Indirect Cost Rate: N/A.  Reimbursement Frequency: □ Monthly
Pass-through Number: N/A  Restricted Indirect Cost Rate: N/A.
Restricted Indirect Cost Rate: N/A.
Grant Authority (Source): 704 KAR 3.285
Grant Authority (Source): 704 KAR 3:285
o o of itelicacity begalaniche on
Financial Department Mother de
Financial Reporting Method:
Award Amount: \$ 157,056
□ Other:
Period of Award:  Luly 1, 2025, June 20, 2026  Evaluations: Each program will be evaluated period of Award:
July 1, 2025-June 30, 2026 specific program guidelines to be disseminated
by KDE Program Contacts.
Consortia/Partnership Members: N/A  Special Instructions (Conditions) Seventy Five (75) persent of a district's Cifted Education allegation shall be used to employ preparate provides

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Knott County.	⊠State
Street Address:	PO Box 869	□Federal
City, State, Zip:	Hindman, KY 41822	□Other:
		Subrecipient:
KDE Contact Information		□ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	□Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	Daimburgan ant Français
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	□Monthly
	704 KAR 3.285 TUCKV Depar	□Quarterly
Grant Authority (Source):	704 KAR 3.285	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tollion of the bold	Financial Reporting Method:
		⊠Electronic Submission <u>CDIP Reports</u>
Award Amount: \$ 40,691		Other:
Period of Award:		Doner.
July 1, 2025-June 30, 2026	/	Evaluations: Each program will be evaluated pe
July 1, 2023 Julie 30, 2020		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Knox County. 200 Daniel Boone Dr Barbourville, KY 40906	Fund Type:  ☑ State  ☐ Federal  ☐ Other:
KDE Contact Information Program Consultant: Street Address: Budget Contact:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346	Subrecipient:  ☐ Yes ☐ No  Research and Development:
Street Address: City, State Zip:	300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	☐ Yes ☑ No
Description/Fund Source of Award Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number: MOA Number:	FY26-Gifted & Talented.  N/A  N/A.  N/A  N/A  N/A  N/A  N/A  N	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☑ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor
Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A. 704 KAR 3.285 TUCKY Depar	Reimbursement Frequency:  ☐ Monthly  ☐ Quarterly  ☐ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 58,791  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:		<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	LaRue County. 208 College St Hodgenville, KY 42748	Fund Type:  ☑ State ☐ Federal ☐ Other:
KDE Contact Information Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Subrecipient:  Yes No  Research and Development:  Yes No
Description/Fund Source of Awar Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	d and Fiscal Year:  FY26-Gifted & Talented.  N/A  N/A.  N/A.  N/A  N/A  130M	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 42,231  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	IJCATI	<ul> <li>☑ Electronic Submission</li></ul>
	N/A Seventy-Five (75) percent of a district's Cifted Education allocation shall be used to ex-	mploy properly cartified percepted to provide

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Laurel County. 718 North Main Street London, KY 40744	Fund Type:  State  Federal  Other:
KDE Contact Information Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Subrecipient:  ☐ Yes ☐ No  Research and Development: ☐ Yes ☐ You
Description/Fund Source of Awar Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly  ☐ Quarterly  ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 104,449  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:		<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Lawrence County.	⊠State
Street Address:	PO Box 607	□Federal
City, State, Zip:	Louisa, KY 41230	□Other:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	NO NO
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
<b>Description/Fund Source of Award</b>	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	□Lump Sum
MUNIS Project Number:	130M	☐Receipt of Invoice from Vendor
MOA Number:	N/A	Daimshausanaant Francisco
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
	Kantucky Donor	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tollidadity Dopali	Financial Reporting Method:
Aaud Aaunt. 6 44 030		⊠ Electronic Submission CDIP Reports
Award Amount: \$ 44,028		□Other:
Period of Award:		Louier.
July 1, 2025-June 30, 2026		Evaluations: Each program will be evaluated per
3, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Lee County.	⊠State
Street Address:	PO Box 668	□Federal
City, State, Zip:	Beattyville, KY 41311	□Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes  ☑ No
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	Mathad of Daymant
Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A N/A N/A N/A	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor
MOA Number:	N/A	Reimbursement Frequency:
Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A. 704 KAR 3.285 TUCK Depar	☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 28,459		⊠ Electronic Submission CDIP Reports
Period of Award: July 1, 2025-June 30, 2026	UCATI	□Other:  Evaluations: Each program will be evaluated pe specific program guidelines to be disseminated by KDE Program Contacts.
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions: Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide		

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Leslie County.	⊠State
Street Address:	PO Box 949	□Federal
City, State, Zip:	Hyden, KY 41749	□Other:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	MO
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	Deinsburgens aut François
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
[_[]/	Kantucky Danar	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tollied City Dopoli	Financial Reporting Method:
		⊠Electronic Submission CDIP Reports
Award Amount: \$ 38,794		Other:
Period of Award:		Louier.
July 1, 2025-June 30, 2026		Evaluations: Each program will be evaluated pe
tan, 2, 2020 tano 00, 2020		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Letcher County.	⊠State
Street Address:	224 Park St	□Federal
City, State, Zip:	Whitesburg, KY 41858	□Other:
		Subrecipient:
KDE Contact Information		□ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	•
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	Made at af Daymand
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	□Lump Sum
MUNIS Project Number:	130M	$\square$ Receipt of Invoice from Vendor
MOA Number:	N/A	Daimhussamant Francisco
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	□Monthly
	704 KAR 3.285 TUCKV Depar	□Quarterly
Grant Authority (Source):	704 KAR 3.285	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	TOTAL OF THE PARTY	Financial Reporting Method:
A		⊠ Electronic Submission CDIP Reports
Award Amount: \$ 46,627		Other:
Period of Award:		Louier.
July 1, 2025-June 30, 2026		Evaluations: Each program will be evaluated pe
34.7 1, 2023 Julie 30, 2020		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Lewis County.	⊠State
Street Address:	PO Box 159	□Federal
City, State, Zip:	Vanceburg, KY 41179	□Other:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar		Method of Payment
Description:	FY26-Gifted & Talented.	☐ Federal Cash Request
Federal Award Date:	N/A	·
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	□Lump Sum
MUNIS Project Number:	130M	$\square$ Receipt of Invoice from Vendor
MOA Number:	N/A	Reimbursement Frequency:
Pass-through Number:	N/A	☐ Monthly
Restricted Indirect Cost Rate:	N/A.	Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCK Depar	⊠Other: 1st & 3rd Quarters
Glant Authority (Source).	TOTAL DEDGI	Mother. 1 & 3 Quarters
		Financial Reporting Method:
Award Amount: \$ 39,572		☑ Electronic Submission CDIP Reports
		□Other:
Period of Award:		Firehostisms, Fash massaus will be soulised as
July 1, 2025-June 30, 2026		<b>Evaluations:</b> Each program will be evaluated pe
		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

		- 1-
Name and Address of Recipient	Disable County	Fund Type:
Agency Name:	Lincoln County.	⊠State
Street Address:	PO Box 265	☐ Federal
City, State, Zip:	Stanford, KY 40484	□Other:
		Subrecipient:
KDE Contact Information		□ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	•
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	Made at af Daymand
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	Delively was and Forest and
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
[	704 KAR 3.285 TUCK Depar	□Quarterly
Grant Authority (Source):	704 KAR 3.285	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tollowity Dopoli	Financial Reporting Method:
		⊠Electronic Submission CDIP Reports
Award Amount: \$ 52,971		Other:
Period of Award:		Doner.
July 1, 2025-June 30, 2026	/	Evaluations: Each program will be evaluated pe
July 1, 2023 Julie 30, 2020		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Livingston County.	⊠State
Street Address:	PO Box 219	□Federal
City, State, Zip:	Smithland, KY 42081	☐Other:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar		Method of Payment
Description:	FY26-Gifted & Talented.	Federal Cash Request
Federal Award Date:	N/A	•
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	$\square$ Receipt of Invoice from Vendor
MOA Number:	N/A	Reimbursement Frequency:
Pass-through Number:	N/A	· · · · · · · · · · · · · · · · · · ·
Restricted Indirect Cost Rate:	N/A.	□Monthly
[	704 KAR 3.285	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCK Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Training Dopon	Financial Reporting Method:
Award Amount: \$ 30,775		⊠Electronic Submission CDIP Reports
Awaru Amount. \$ 50,775		□Other:
Period of Award:		= other.
July 1, 2025-June 30, 2026		Evaluations: Each program will be evaluated pe
3ai, 1, 2023 3aiie 30, 2020		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	
		mpley properly cortified personnel to provide

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Logan County.	⊠State
Street Address:	PO Box 417	☐ Federal
City, State, Zip:	Russellville, KY 42276	□Other:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	☐ Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	B 1 1 1 5
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	☐ Quarterly ☐ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
명 - KS^^ - E국 -	IZCITUCIZY DCDAL	
	/	Financial Reporting Method:
Award Amount: \$ 53,390		⊠ Electronic Submission
		□Other:
Period of Award:		
July 1, 2025-June 30, 2026		Evaluations: Each program will be evaluated pe
		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions: S	Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to er	nploy properly certified personnel to provide

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Ludlow Independent. 525 Elm St Ludlow, KY 41016	Fund Type:  State  Federal  Other:
KDE Contact Information Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Subrecipient:  ☐ Yes ☐ No  Research and Development: ☐ Yes ☐ No
Description/Fund Source of Awar Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A N/A N/A N/A	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly  ☐ Quarterly  ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 27,894  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:		<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

Authorized By (Name, Title): Veronica Sullivan, Director

Date: July 1, 2025

Name and Address of Recipient		Fund Type:
Agency Name:	Lyon County.	⊠State
Street Address:	217 Jenkins Rd	□Federal
City, State, Zip:	Eddyville, KY 42038	□Other:
		Subrecipient:
KDE Contact Information		□ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
<b>Description/Fund Source of Award</b>	d and Fiscal Year:	A4 1 1 50
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	5.1
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	Monthly
1 f - [/ ] .[	Vontuciou Donor	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tolledolly Dopal	Financial Reporting Method:
		•
Award Amount: \$ 29,626		☑ Electronic Submission CDIP Reports
Period of Award:		□Other:
	/	Evaluations: Each program will be evaluated per
July 1, 2025-June 30, 2026		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	3,

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Madison County.	⊠State
Street Address:	PO Box 768	□Federal
City, State, Zip:	Richmond, KY 40475	□Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes ☐ No
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar		M INO
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	□Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A	☐Monthly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	□Quarterly ☑Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
		Financial Reporting Method:
Award Amount: \$ 128,281		☑ Electronic Submission CDIP Reports
/		□Other:
Period of Award:		
July 1, 2025-June 30, 2026		<b>Evaluations:</b> Each program will be evaluated pe
		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions: S	seventy-Five (75) percent of a district's Gifted Education allocation shall be used to en	mploy properly certified personnel to provide

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Magoffin County. PO Box 109 Salyersville, KY 41465	Fund Type:  State  Federal  Other:
KDE Contact Information Program Consultant: Street Address: Budget Contact: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor.	Subrecipient:  ☐ Yes ☐ No  Research and Development: ☐ Yes
City, State Zip:  Description/Fund Source of Awar Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	Frankfort, KY 40601 d and Fiscal Year:  FY26-Gifted & Talented.  N/A  N/A.  N/A  N/A  N/A  N/A  130M	<ul> <li>No</li> <li>Method of Payment</li> <li>□ Federal Cash Request</li> <li>□ Expenditure Reimbursement</li> <li>⋈ Automatic Payment</li> <li>□ Lump Sum</li> <li>□ Receipt of Invoice from Vendor</li> </ul>
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly  ☐ Quarterly  ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 39,873  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:		<ul> <li>☑ Electronic Submission CDIP Reports</li> <li>☐ Other:</li> <li>Evaluations: Each program will be evaluated pe specific program guidelines to be disseminated by KDE Program Contacts.</li> </ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient	Marian County	Fund Type:
Agency Name: Street Address:	Marion County. 755 E Main St	⊠ State
		Federal
City, State, Zip:	Lebanon, KY 40033	☐ Other:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
<b>Description/Fund Source of Awar</b>	d and Fiscal Year:	Markland of Downson
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	Daimshaussant Fusanasan
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	Monthly
	Kantucky Donar	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tolliaging Dopoli	Financial Reporting Method:
		⊠Electronic Submission CDIP Reports
Award Amount: \$51,745		Other:
Period of Award:		Dotner.
July 1, 2025-June 30, 2026	/	Evaluations: Each program will be evaluated per
July 1, 2023 Julie 30, 2020		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Marshall County. 86 High School Rd Benton, KY 42025	Fund Type:  State  Federal  Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes  ☒ No
Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes  ☑ No
Description/Fund Source of Award Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number: MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	## And Fiscal Year:  FY26-Gifted & Talented.  N/A  N/A.  N/A  N/A  130M  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☒ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor  Reimbursement Frequency:  ☐ Monthly  ☐ Quarterly  ☒ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 63,870  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	J CATI	<ul> <li>☑ Electronic Submission CDIP Reports</li> <li>☐ Other:</li> <li>Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.</li> </ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Martin County. PO Box 366 Inez, KY 41224	Fund Type:  State  Federal  Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes  ☑ No
Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes  ☒ No
Description/Fund Source of Award Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number: MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	## And Fiscal Year:  FY26-Gifted & Talented.  N/A  N/A.  N/A  N/A  130M  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor  Reimbursement Frequency: ☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 37,794  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:		<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Basiniant		Fund Type:
Name and Address of Recipient Agency Name:	Mason County.	State State
Street Address:	PO Box 130	
		Federal
City, State, Zip:	Maysville, KY 41056	□Other:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	☐ Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	Dalinhaman and Farance
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
7. [ . [/ ] .[	704 KAR 3.285	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCK Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tollion of the political p	Financial Reporting Method:
Accord American C 45 CC3		⊠ Electronic Submission CDIP Reports
Award Amount: \$45,663		□Other:
Period of Award:		- Strief.
July 1, 2025-June 30, 2026		Evaluations: Each program will be evaluated pe
3d., 1, 2023 Julie 30, 2020		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	
		mpley preparly certified personnel to provide

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Mayfield Independent.	⊠State
Street Address:	914 College Street	□Federal
City, State, Zip:	Mayfield, KY 42066	□Other:
KDE Contact Information		Subrecipient:
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	Yes
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	⊠ No
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	·	△ NO
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	□Lump Sum
	130M	Receipt of Invoice from Vendor
MUNIS Project Number:		Theceipt of invoice from vendor
MOA Number:	N/A N/A	Reimbursement Frequency:
Pass-through Number:		☐Monthly
Restricted Indirect Cost Rate:	N/A.	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKY Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
5 45 TR	INCITUALITY DEPOT	
	/	Financial Reporting Method:
Award Amount: \$ 39,124		⊠ Electronic Submission
		□Other:
Period of Award:		(1/
July 1, 2025-June 30, 2026		<b>Evaluations:</b> Each program will be evaluated per
		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	McCracken County. 5347 Benton Road Paducah, KY 42003	Fund Type:  ☑ State  ☐ Federal  ☐ Other:
KDE Contact Information Program Consultant: Street Address: Budget Contact:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346	Subrecipient:  ☐ Yes  ☒ No  Research and Development:
Street Address: City, State Zip: Description/Fund Source of Award	300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601  and Fiscal Year:	☐ Yes ☑ No
Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☒ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly  ☐ Quarterly  ☐ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 86,748  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:		<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

Authorized By (Name, Title): Veronica Sullivan, Director

Date: July 1, 2025

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	McCreary County. 120 Raider Way Stearns, KY 42647	Fund Type:  ☑ State  ☐ Federal  ☐ Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes  ☒ No
Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes  ☒ No
Description/Fund Source of Award Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number: MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	## Add And Fiscal Year:  FY26-Gifted & Talented.  N/A  N/A.  N/A  N/A  130M  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☒ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor  Reimbursement Frequency:  ☐ Monthly  ☐ Quarterly  ☒ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 46,296  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	J C A T I	<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	McLean County. PO Box 245 Calhoun, KY 42327	Fund Type:  ☑ State  ☐ Federal  ☐ Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes ☐ No
Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes  ☒ No
Description/Fund Source of Awar Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number: MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	d and Fiscal Year:  FY26-Gifted & Talented.  N/A  N/A.  N/A  N/A  130M  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor  Reimbursement Frequency: ☐ Monthly ☐ Quarterly ☑ Other: 1st & 3rd Quarters
Award Amount: \$ 33,626  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	UCATI	Financial Reporting Method:  ⊠ Electronic Submission CDIP Reports  □ Other:  Evaluations: Each program will be evaluated pe specific program guidelines to be disseminated by KDE Program Contacts.

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Meade County.	⊠State
Street Address:	PO Box 337	□Federal
City, State, Zip:	Brandenburg, KY 40108	□Other:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	Mathad of Daymant
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	Daimhussamant Francisco
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	□Monthly
	704 KAR 3.285	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tollowity Dopoli	Financial Reporting Method:
		⊠Electronic Submission CDIP Reports
Award Amount: \$ 68,639		Other:
Period of Award:		□other:
July 1, 2025-June 30, 2026		Evaluations: Each program will be evaluated pe
July 1, 2023-Julie 30, 2020		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	2,
	seventy-Five (75) percent of a district's Gifted Education allocation shall be used to ex	anlow properly cortified personnel to provide
special morning money on all one.	NEVELLIVERIVE 17-31 DELL'ELL DI A CINTICL N'ALLIEU FODICATION AUDICATION NOALON DE UNEO 10 EL	HUNDY DIODELLY CELLINED DELSOINELLO DIOVIGE

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Menifee County.	⊠State
Street Address:	PO Box 110	□Federal
City, State, Zip:	Frenchburg, KY 40322	□Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blyd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes ☐ No
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar		
Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number: MOA Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M N/A	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☐ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:  Grant Authority (Source):	N/A. 704 KAR 3.285 TUCK Depar	☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 29,568		⊠Electronic Submission
Period of Award: July 1, 2025-June 30, 2026	UCATI	□Other:  Evaluations: Each program will be evaluated perspecific program guidelines to be disseminated by KDE Program Contacts.
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions: 9	Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to en	mnlov properly certified personnel to provide

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Mercer County. 371 East Lexington St Harrodsburg, KY 40330	Fund Type:  State  Federal  Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes ☑ No  Research and Development:
Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes  ☒ No
Description/Fund Source of Award Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number: MOA Number: Pass-through Number: Restricted Indirect Cost Rate:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M N/A N/A N/A	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☑ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor  Reimbursement Frequency:  ☐ Monthly  ☐ Quarterly
Grant Authority (Source):  Award Amount: \$ 57,414  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	704 KAR 3.285 TUCKY Depar CATI	☑Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method: ☑Electronic Submission CDIP Reports ☐Other:  Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Metcalfe County. 1007 W Stockton Edmonton, KY 42129	Fund Type:  State  □ Federal  □ Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes  ☒ No
Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes  ☒ No
Description/Fund Source of Award Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☑ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCKY Depar	Reimbursement Frequency:  Monthly  Quarterly  Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 34,181  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:		<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Middlesboro Independent.	⊠State
Street Address:	PO Box 959	□Federal
City, State, Zip:	Middlesboro, KY 40965	□Other:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	Z NO
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	□ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	□Lump Sum
MUNIS Project Number:	, 130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	·
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
7	Vontucia, Donor	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Itelicacity Depair	Cili Cili Cili Cili Cili Cili Cili Cili
		Financial Reporting Method:
Award Amount: \$30,561		☑ Electronic Submission CDIP Reports
		□Other:
Period of Award:	/ /	Evaluations: Each program will be evaluated pe
July 1, 2025-June 30, 2026	/ \	specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	by KDL Flogram Contacts.
Consortia, rai thership intellibers.		

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient       Fund Type:         Agency Name:       Model Laboratory.       State         Street Address:       Click or tap here to enter text.       Federal         City, State, Zip:       Richmond, KY 40475       Other:         Subrecipient:         KDE Contact Information       Yes         Program Consultant:       Lynn Lockard-(502) 564-4970 x4115.       No         Street Address:       300 Sower Blvd-4th Floor       No         Budget Contact:       Kristin Burton-(502) 564-1979 x4346       Research and Development:         Street Address:       300 Sower Blvd5th Floor.       Yes         City, State Zip:       Frankfort, KY 40601       No         Description/Fund Source of Award and Fiscal Year:         Description:       FY26-Gifted & Talented.       Method of Payment         Federal Award Date:       N/A       Expenditure Reimbursement         Federal Agency:       N/A.       Automatic Payment         FRAMARD NUMBER (FAIN):       N/A       Automatic Payment         Lump Sum       Receipt of Invoice from Vendor			
Street Address: Click or tap here to enter text.  City, State, Zip: Richmond, KY 40475    City, State, Zip: Richmond, KY 40475    City, State, Zip: Richmond, KY 40475    City, State, Zip: Subrecipient:	•		••
City, State, Zip: Richmond, KY 40475 Subrecipient:  KDE Contact Information	• ,	•	
KDE Contact Information  Program Consultant: Lynn Lockard-(502) 564-4970 x4115.  Street Address: 300 Sower Blvd-4 <sup>th</sup> Floor  Budget Contact: Kristin Burton-(502) 564-1979 x4346  Street Address: 300 Sower Blvd5 <sup>th</sup> Floor.  City, State Zip: Frankfort, KY 40601  Description/Fund Source of Award and Fiscal Year:  Description: FY26-Gifted & Talented.  Federal Award Date: N/A  Federal Agency: N/A.  ALN#: N/A  PR/AWARD NUMBER (FAIN): N/A	Street Address:	1	
KDE Contact Information       ☐ Yes         Program Consultant:       Lynn Lockard-(502) 564-4970 x4115.       ☒ No         Street Address:       300 Sower Blvd-4 <sup>th</sup> Floor       Research and Development:         Budget Contact:       Kristin Burton-(502) 564-1979 x4346       Research and Development:         Street Address:       300 Sower Blvd5 <sup>th</sup> Floor.       ☐ Yes         City, State Zip:       Frankfort, KY 40601       ☒ No         Description/Fund Source of Award and Fiscal Year:       Method of Payment         Description:       FY26-Gifted & Talented.       ☐ Federal Cash Request         Federal Award Date:       N/A       ☐ Expenditure Reimbursement         ALN#:       N/A       ☐ Automatic Payment         PR/AWARD NUMBER (FAIN):       N/A       ☐ Lump Sum	City, State, Zip:	Richmond, KY 40475	□Other:
KDE Contact Information       ☐ Yes         Program Consultant:       Lynn Lockard-(502) 564-4970 x4115.       ☒ No         Street Address:       300 Sower Blvd-4 <sup>th</sup> Floor       Research and Development:         Budget Contact:       Kristin Burton-(502) 564-1979 x4346       Research and Development:         Street Address:       300 Sower Blvd5 <sup>th</sup> Floor.       ☐ Yes         City, State Zip:       Frankfort, KY 40601       ☒ No         Description/Fund Source of Award and Fiscal Year:       Method of Payment         Description:       FY26-Gifted & Talented.       ☐ Federal Cash Request         Federal Award Date:       N/A       ☐ Expenditure Reimbursement         ALN#:       N/A       ☐ Automatic Payment         PR/AWARD NUMBER (FAIN):       N/A       ☐ Lump Sum			Subrecipient:
Program Consultant:  Lynn Lockard-(502) 564-4970 x4115.  Street Address:  Budget Contact:  Kristin Burton-(502) 564-1979 x4346  Street Address:  300 Sower Blvd5 <sup>th</sup> Floor.  City, State Zip:  Prankfort, KY 40601  Description/Fund Source of Award and Fiscal Year:  Description:  Fy26-Gifted & Talented.  Federal Award Date:  N/A  Federal Agency:  ALN#:  N/A  PR/AWARD NUMBER (FAIN):  N/A  N/A  N/A  Sumon Messacrh and Development:  Research and Development:  Nesearch and Development:  Nesearch and Development:  No  Federal Cash Request  □ Expenditure Reimbursement  □ Automatic Payment  □ Lump Sum	KDE Contact Information		
Street Address: 300 Sower Blvd-4 <sup>th</sup> Floor  Budget Contact: Kristin Burton-(502) 564-1979 x4346  Street Address: 300 Sower Blvd5 <sup>th</sup> Floor.	Program Consultant:	Lvnn Lockard-(502) 564-4970 x4115.	
Street Address:  Street Address:  300 Sower Blvd5 <sup>th</sup> Floor.  City, State Zip:  Pescription/Fund Source of Award and Fiscal Year:  Description:  Fy26-Gifted & Talented.  Federal Award Date:  Federal Agency:  ALN#:  N/A  PR/AWARD NUMBER (FAIN):  N/A   N/A    Yes   No   Method of Payment   Federal Cash Request   Expenditure Reimbursement   Automatic Payment   Lump Sum	_		
Street Address: 300 Sower Blvd5 <sup>th</sup> Floor.	Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Description/Fund Source of Award and Fiscal Year:  Description: FY26-Gifted & Talented. Federal Award Date: N/A Federal Agency: N/A.  ALN#: N/A  PR/AWARD NUMBER (FAIN): N/A  Method of Payment □ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment □ Lump Sum	_	· ·	☐ Yes
Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN):  FY26-Gifted & Talented.  N/A  □ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment □ Lump Sum □ Lump Sum	City, State Zip:	Frankfort, KY 40601	⊠ No
Description: Federal Award Date: Federal Agency:  N/A  N/A  ALN#: N/A  N/A  N/A  N/A  N/A  PR/AWARD NUMBER (FAIN):  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	Description/Fund Source of Award	d and Fiscal Year:	Made of af Downson
Federal Award Date:  N/A  Federal Agency:  N/A.  N/A.  ALN#:  PR/AWARD NUMBER (FAIN):  N/A  DExpenditure Reimbursement  Automatic Payment  Lump Sum	Description:	FY26-Gifted & Talented.	-
ALN#: N/A Automatic Payment  PR/AWARD NUMBER (FAIN): N/A  N/A  DLump Sum	Federal Award Date:	N/A	·
PR/AWARD NUMBER (FAIN): N/A	Federal Agency:	N/A.	•
TIVAWAND NOMBER (TAIN). 19/A	ALN#:	N/A	•
MUNIS Project Number: 120M	PR/AWARD NUMBER (FAIN):	N/A	•
WIGHIS FIGEL, NUMBER. 150W	MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number: N/A	MOA Number:	N/A	Poimburcoment Fraguency
Pass-through Number: N/A	Pass-through Number:	N/A	· · · · · · · · · · · · · · · · · · ·
Restricted Indirect Cost Rate: N/A.	Restricted Indirect Cost Rate:	N/A	
Control of the Contro	1. [ . [ ]	Kantucky Danar	
Grant Authority (Source):  704 KAR 3.285  □ Quarterly □ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters	Grant Authority (Source):	704 KAR 3.285	⊠Other: 1 <sup>st</sup> & 3 <sup>st</sup> Quarters
Financial Reporting Method:		Torrodorry Dopar	Financial Reporting Method:
MElectronic Submission CDIR Reports			
Award Amount: \$ 26,522	Award Amount: \$ 26,522		
Period of Award:	Period of Award:		
Luly 1, 2025-lune 30, 2026  Evaluations: Each program will be evaluated p			Evaluations: Each program will be evaluated pe
specific program guidelines to be disseminated			specific program guidelines to be disseminated
by KDE Program Contacts.			by KDE Program Contacts.
Consortia/Partnership Members: N/A	Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Monroe County. 309 Emberton St Tompkinsville, KY 42167	Fund Type:  State  Federal  Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes ☑ No
Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes  ☑ No
Description/Fund Source of Awar Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number: MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	d and Fiscal Year:  FY26-Gifted & Talented.  N/A  N/A.  N/A  N/A  130M  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor  Reimbursement Frequency: ☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
Award Amount: \$ 37,794  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	UCATI	Financial Reporting Method:  ⊠ Electronic Submission CDIP Reports  □ Other:  Evaluations: Each program will be evaluated perspecific program guidelines to be disseminated by KDE Program Contacts.

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Montgomery County.	⊠State
Street Address:	700 Woodford Drive	□Federal
City, State, Zip:	Mount Sterling, KY 40353	□Other:
KDE Contact Information		Subrecipient:
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	☐ Yes
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	⊠ No
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	•	△ NO
-	FY26-Gifted & Talented.	Method of Payment
Description: Federal Award Date:		☐ Federal Cash Request
	N/A	□Expenditure Reimbursement
Federal Agency:	N/A.	⊠Automatic Payment
ALN#:	N/A	Lump Sum
PR/AWARD NUMBER (FAIN):	N/A	•
MUNIS Project Number:	130M	☐Receipt of Invoice from Vendor
MOA Number:	N/A	Reimbursement Frequency:
Pass-through Number:	N/A	□Monthly
Restricted Indirect Cost Rate:	N/A.	Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
Glant Authority (Source).	704 MAIS SEED ALL LINE LINE LINE LINE LINE LINE LINE LI	Mother. 1 & 3 Quarters
		Financial Reporting Method:
Award Amount: \$ 62,917		⊠ Electronic Submission CDIP Reports
Awara Amount. \$ 02,317		□Other:
Period of Award:		
July 1, 2025-June 30, 2026		<b>Evaluations:</b> Each program will be evaluated pe
		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Morgan County.	⊠State
Street Address:	155 University Drive	□Federal
City, State, Zip:	West Liberty, KY 41472	□Other:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	∆ NO
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	□ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
<b>Description/Fund Source of Award</b>	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	Dainelanna and Farance
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	Monthly
	Kantucky Donar	Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	☑Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tollionelly Dopoli	Financial Reporting Method:
		⊠Electronic Submission CDIP Reports
Award Amount: \$38,073		Other:
Period of Award:		Lother.
July 1, 2025-June 30, 2026		Evaluations: Each program will be evaluated per
3, =, = 3.23 33 33, = 3		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

Authorized By (Name, Title): Veronica Sullivan, Director

Date: July 1, 2025

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Muhlenberg County. 510 West Main Street Powderly, KY 42367	Fund Type:  ☑ State  ☐ Federal  ☐ Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes  ☒ No
Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes  ☒ No
Description/Fund Source of Award Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number: MOA Number: Pass-through Number: Restricted Indirect Cost Rate:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M N/A N/A N/A	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☑ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor  Reimbursement Frequency:  ☐ Monthly
Grant Authority (Source):	704 KAR 3.285 TUCKY Depar	☐ Quarterly ☐ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method: ☐ Electronic Submission CDIP Reports
Award Amount: \$ 63,316  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	NA	☐Other:  Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Murray Independent.	⊠State
Street Address:	208 S 13th St	☐ Federal
City, State, Zip:	Murray, KY 42071	Other:
city, State, Zip.	Widitay, KI 42071	⊔Otner:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	Mathad of Daymant
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	Daimhaana Tuanaan
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
[	704 KAR 3.285 TUCKV Depar	□Quarterly
Grant Authority (Source):	704 KAR 3.285	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tollowity Dopoli	Financial Reporting Method:
		⊠Electronic Submission CDIP Reports
Award Amount: \$ 37,450		Other:
Period of Award:		Liother.
July 1, 2025-June 30, 2026	/	Evaluations: Each program will be evaluated pe
July 1, 2023-Julie 30, 2020		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Nelson County. PO Box 2277 Bardstown, KY 40004	Fund Type:  ☑ State ☐ Federal ☐ Other:
KDE Contact Information Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Subrecipient:  ☐ Yes  ☒ No  Research and Development:  ☐ Yes  ☒ No
Description/Fund Source of Awar Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A N/A N/A N/A	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 64,065  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:		<ul> <li>☑ Electronic Submission</li></ul>
	eventy-Five (75) percent of a district's Gifted Education allocation shall be used to ex	mplay properly cartified percappel to provide

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Newport Independent. 301 E Eighth St Newport, KY 41071	Fund Type:  ☑ State  ☐ Federal  ☐ Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes  ☒ No
Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes  ☒ No
Description/Fund Source of Award Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number: MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	## And Fiscal Year:  FY26-Gifted & Talented.  N/A  N/A.  N/A  N/A  130M  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☐ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor  Reimbursement Frequency:  ☐ Monthly  ☐ Quarterly  ☐ Other: 1st & 3rd Quarters
Award Amount: \$ 37,794  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	UCATI	Financial Reporting Method:  ⊠ Electronic Submission CDIP Reports  □ Other:  Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Nicholas County. 395 W Main St Carlisle, KY 40311	Fund Type:  ☑ State  ☐ Federal  ☐ Other:
KDE Contact Information Program Consultant: Street Address: Budget Contact:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346	Subrecipient:  ☐ Yes ☐ No  Research and Development:
Street Address: City, State Zip: Description/Fund Source of Award	300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601  and Fiscal Year:	☐ Yes ☑ No
Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☒ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCKV Depar	Reimbursement Frequency:  ☐ Monthly  ☐ Quarterly  ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 30,950  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:		<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Basiniant		Found Tongs
Name and Address of Recipient		Fund Type:
Agency Name:	Ohio County.	⊠State
Street Address:	PO Box 70	□Federal
City, State, Zip:	Hartford, KY 42347	□Other:
		Subrecipient:
KDE Contact Information		□ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	<u> </u>
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	☐ Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	Dalinhaman and Farance
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
7. [ . [/ ] .[	704 KAR 3.285	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCK Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tolliadity Dopoli	Financial Reporting Method:
A		⊠ Electronic Submission CDIP Reports
Award Amount: \$ 58,557		Other:
Period of Award:		Dottler.
July 1, 2025-June 30, 2026		Evaluations: Each program will be evaluated pe
July 1, 2023 Julie 30, 2020		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	
		mpley preparly certified personnel to provide

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Agency Name:  Street Address: PO Box 218  Street Address: PO Box 218  KDE Contact Information Forgram Consultant: Lynn Lockard-(502) 564-4970 x4115.  Street Address: 300 Sower Blvd-4 <sup>th</sup> Floor  Street Address: 300 Sower Blvd-5 <sup>th</sup> Floor  Street Address: 300 Sower Blvd-5 <sup>th</sup> Floor  Research and Development: Street Address: Street Address: 300 Sower Blvd-5 <sup>th</sup> Floor  Research and Development: Street Address: No Description/Fund Source of Award and Fiscal Year: Pederal Award Date: Forgram Avard Date: Forgram Consults State Forgram Consults State Forgram Vill be evaluated pe specific program will be evaluated pe specific program guidelines to be disseminated by KDE Program Contacts.			
Street Address: PO Box 218 City, State, Zip: Buckner, KY 40010    City, State, Zip: City, State Zip: City, State Zip: Frankfort, KY 40601  Description: FY26-Gifted & Talented.  Pederal Award Date: N/A Sederal Award Date: N/A Sederal Cyal N/A City, State Zip: Signer Address: Signer	Name and Address of Recipient		Fund Type:
City, State, Zip: Buckner, KY 40010   Other:  KDE Contact Information Program Consultant: Lynn Lockard-(502) 564-4970 x4115. Street Address: 300 Sower Blvd-4 <sup>th</sup> Floor Budget Contact: Kristin Burton-(502) 564-1979 x4346   Research and Development: Street Address: 300 Sower Blvd-5 <sup>th</sup> Floor. City, State Zip: Frankfort, KY 40601   No Description/Fund Source of Award and Fiscal Year: Description: Fy26-Gifted & Talented. Federal Award Date: N/A   Method of Payment   Federal Award Date: N/A   Expenditure Reimbursement   Federal Agency: N/A   Alumer   Federal Agency: N/A   Lump Sum   MUNIS Project Number: 130M   Receipt of Invoice from Vendor   MOA Number: N/A   Restricted Indirect Cost Rate: N/A.  Grant Authority (Source): 704 KAR 3.285   Golden: State of Descriptions   Feriod of Award: Sulpin 30, 2026   Financial Reporting Method: Specific program guidelines to be disseminated by KDE Program Contacts.		•	⊠State
KDE Contact Information Program Consultant: Lynn Lockard-(502) 564-4970 x4115. Street Address: 300 Sower Blvd-4 <sup>th</sup> Floor Budget Contact: Kristin Burton-(502) 564-1979 x4346 Research and Development: Street Address: 300 Sower Blvd-5 <sup>th</sup> Floor. Street Address: 300 Sower Blvd-5 <sup>th</sup> Floor. Street Address: 300 Sower Blvd-5 <sup>th</sup> Floor. Street Address: Street Address: 300 Sower Blvd-5 <sup>th</sup> Floor. Street Address: Stree	Street Address:	PO Box 218	☐ Federal
Yes	City, State, Zip:	Buckner, KY 40010	□Other:
Program Consultant:  Lynn Lockard-(502) 564-4970 x4115.  Street Address:  300 Sower Blvd.4th Floor  Budget Contact:  Kristin Burton-(502) 564-1979 x4346  Street Address:  300 Sower Blvd.5th Floor.    yes			Subrecipient:
Street Address: 300 Sower Blvd-4 <sup>th</sup> Floor  Budget Contact: Kristin Burton-(502) 564-1979 x4346  Street Address: 300 Sower Blvd5 <sup>th</sup> Floor.   Yes City, State Zip: Frankfort, KY 40601  Description/Fund Source of Award and Fiscal Year:  Description: FY26-Giffed & Talented. Federal Award Date: N/A Federal Agency: N/A ALN#: N/A PR/AWARD NUMBER (FAIN): N/A MUNIS Project Number: 130M MOA Number: N/A Restricted Indirect Cost Rate: N/A  Award Amount: \$ 141,136  Period of Award: July 1, 2025-June 30, 2026  Budget Contact: Kristin Burton-(502) 564-1979 x4346  Research and Development:  No  Research and Development:  No  No  Method of Payment    Federal Cash Request			☐ Yes
Budget Contact: Kristin Burton-(502) 564-1979 x4346 Street Address: 300 Sower Blvd5 <sup>th</sup> Floor. Yes City, State Zip: Frankfort, KY 40601	3	, ,	⊠ No
Street Address: 300 Sower Blvd5 <sup>th</sup> Floor. City, State Zip: Frankfort, KY 40601  Description/Fund Source of Award and Fiscal Year:  Description: FY26-Gifted & Talented. Federal Award Date: N/A Federal Award Date: N/A  Federal Agency: N/A  ALN#: N/A  MUNIS Project Number: 130M  MOA Number: N/A  Restricted Indirect Cost Rate: N/A.  Grant Authority (Source): 704 KAR 3.285   Revious Award Amount: \$141,136  Period of Award:  July 1, 2025-June 30, 2026  Symbol Source of Award and Fiscal Year: No Award Amounts Properties and Fiscal Year: Simple Program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.	Street Address:		
City, State Zip: Frankfort, KY 40601  Description/Fund Source of Award and Fiscal Year:  Description: FY26-Giffed & Talented.  Federal Award Date: N/A  Federal Agency: N/A.  LN#: N/A  PR/AWARD NUMBER (FAIN): N/A  MUNIS Project Number: 130M  MOA Number: N/A  Pass-through Number: N/A  Restricted Indirect Cost Rate: N/A.  Grant Authority (Source): 704 KAR 3:285  Period of Award:  July 1, 2025-June 30, 2026  Program Gottage Award Cash Request  Method of Payment  Prederal Cash Request    Expenditure Reimbursement	Budget Contact:	Kristin Burton-(502) 564-1979 x4346	•
Description/Fund Source of Award and Fiscal Year:  Description: FY26-Gifted & Talented. Federal Award Date: N/A Federal Agency: N/A.  EALN#: N/A  PR/AWARD NUMBER (FAIN): N/A  MUNIS Project Number: 130M  MOA Number: N/A  Restricted Indirect Cost Rate: N/A.  Grant Authority (Source): 704 KAR 3.285  Award Amount: \$ 141,136  Period of Award: July 1, 2025-June 30, 2026  Evaluations: Each program will be evaluated pespecific program guidelines to be disseminated by KDE Program Contacts.	Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
Description: Federal Award Date: Federal Agency: N/A  LN#: N/A  MyA  LN#: N/A  MUNIS Project Number: N/A  Restricted Indirect Cost Rate: N/A  Award Amount: \$ 141,136  Period of Award: July 1, 2025-June 30, 2026  Federal & Talented.  Method of Payment Federal Cash Request Federal Ca	City, State Zip:	Frankfort, KY 40601	⊠ No
Federal Award Date: Federal Award Date: N/A Federal Agency: N/A ALN#: N/A PR/AWARD NUMBER (FAIN): MOA Number: N/A Restricted Indirect Cost Rate: N/A  Award Amount: \$ 141,136  Period of Award: July 1, 2025-June 30, 2026  Federal Cash Request   Expenditure Reimbursement	Description/Fund Source of Awar	d and Fiscal Year:	
Federal Agency: ALN#: N/A PR/AWARD NUMBER (FAIN): N/A MUNIS Project Number: MOA Number: Pass-through Number: N/A Restricted Indirect Cost Rate: N/A Grant Authority (Source):  Award Amount: \$ 141,136  Period of Award: July 1, 2025-June 30, 2026  N/A    Expenditure Reimbursement   Authority Reimbursement	Description:	FY26-Gifted & Talented.	
ALN#:  N/A  PR/AWARD NUMBER (FAIN): N/A  MUNIS Project Number: 130M  MOA Number: Pass-through Number: N/A  Restricted Indirect Cost Rate:  Grant Authority (Source):  Award Amount: \$ 141,136  Period of Award: July 1, 2025-June 30, 2026  AVA  Authomatic Payment    Lump Sum   Receipt of Invoice from Vendor    Reimbursement Frequency:   Monthly   Quarterly   Quarterly   Other: 1st & 3rd Quarters   Financial Reporting Method:   Evaluations: Each program will be evaluated pespecific program guidelines to be disseminated by KDE Program Contacts.	Federal Award Date:	N/A	·
PR/AWARD NUMBER (FAIN):  N/A  MUNIS Project Number:  N/A  MOA Number:  Pass-through Number:  Restricted Indirect Cost Rate:  Grant Authority (Source):  Award Amount: \$ 141,136  Period of Award:  July 1, 2025-June 30, 2026  Period of Award:  July 1, 2025-June 30, 2026  N/A    Lump Sum   Receipt of Invoice from Vendor  Reimbursement Frequency:   Monthly   Quarterly   Quarterly   Monthly   Monthly   Quarterly   Monthly   Monthly   Quarterly   Monthly	Federal Agency:	N/A.	•
MUNIS Project Number:  MOA Number: Pass-through Number: Restricted Indirect Cost Rate:  Grant Authority (Source):  Award Amount: \$ 141,136  Period of Award: July 1, 2025-June 30, 2026  Period of Award: July 1, 2025-June 30, 2026  Period of Award: July 1, 2025-June 30, 2026  MON Number: N/A Reimbursement Frequency: Monthly Quarterly  Quarterly  Other: Financial Reporting Method:  Evaluations: Each program will be evaluated perspecific program guidelines to be disseminated by KDE Program Contacts.	ALN#:	N/A	⊠Automatic Payment
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: N/A N/A Reimbursement Frequency: □ Monthly □ Quarterly □ Other: 1st & 3rd Quarters Financial Reporting Method: □ Electronic Submission CDIP Reports □ Other:  Period of Award: July 1, 2025-June 30, 2026  Reimbursement Frequency: □ Monthly □ Quarterly □ Other: □ Electronic Submission CDIP Reports □ Other: □ Evaluations: Each program will be evaluated perspecific program guidelines to be disseminated by KDE Program Contacts.	PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: N/A Restricted Indirect Cost Rate: N/A Restricted Indirect Cost Rate: N/A Grant Authority (Source):  Award Amount: \$ 141,136  Period of Award: July 1, 2025-June 30, 2026  Period of Award: July 1, 2025-June 30, 2026  Reimbursement Frequency: □ Monthly □ Quarterly □ Other: □ Selectronic Submission CDIP Reports □ Other:  Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.	MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
Pass-through Number: Restricted Indirect Cost Rate:    Monthly   Quarterly   Quarterly   Mother: 1st & 3rd Quarters		N/A	
Restricted Indirect Cost Rate:    Monthly   Quarterly   Other: 1st & 3rd Quarters	Pass-through Number:	·	
Grant Authority (Source):  Award Amount: \$ 141,136  Period of Award: July 1, 2025-June 30, 2026  704 KAR 3.285  704 KAR 3.285  Financial Reporting Method:  □ CDIP Reports  □ Other:  Evaluations: Each program will be evaluated perspecific program guidelines to be disseminated by KDE Program Contacts.	/ - /	N/A.	
Award Amount: \$ 141,136  Period of Award:  July 1, 2025-June 30, 2026  Financial Reporting Method:  © Electronic Submission CDIP Reports  © Other:  Evaluations: Each program will be evaluated perspecific program guidelines to be disseminated by KDE Program Contacts.	7	Vontucia, Donor	
Award Amount: \$ 141,136  Period of Award:  July 1, 2025-June 30, 2026  Financial Reporting Method:  © Electronic Submission CDIP Reports  © Other:  Evaluations: Each program will be evaluated perspecific program guidelines to be disseminated by KDE Program Contacts.	Grant Authority (Source):	704 KAR 3.285	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
Award Amount: \$ 141,136  Period of Award:  July 1, 2025-June 30, 2026  Evaluations: Each program will be evaluated perspecific program guidelines to be disseminated by KDE Program Contacts.		renewery bepar	Financial Deposition Mathed
Period of Award: July 1, 2025-June 30, 2026  Evaluations: Each program will be evaluated perspecific program guidelines to be disseminated by KDE Program Contacts.		, , , , , , , , , , , , , , , , , , , ,	
Period of Award: July 1, 2025-June 30, 2026  Evaluations: Each program will be evaluated perspecific program guidelines to be disseminated by KDE Program Contacts.	Award Amount: \$ 141,136		
July 1, 2025-June 30, 2026  Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.			□Other:
specific program guidelines to be disseminated by KDE Program Contacts.		/ _ /	Evaluations: Each program will be evaluated be
by KDE Program Contacts.	July 1, 2025-June 30, 2026	/ \	
Concertia / Dorthough in Mambarg, N/A	Concertio/Portnership Marchare	N/A	by NDE Program Contacts.
Consortia/Partnership Members: N/A  Special Instructions (Conditions: Seventy Five (75) persent of a district's Cifted Education allocation shall be used to ampley preparate provides			

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Owen County. 1600 Hwy 22 E Owenton, KY 40359	Fund Type:  ☑ State  ☐ Federal  ☐ Other:
KDE Contact Information Program Consultant: Street Address: Budget Contact:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346	Subrecipient:  ☐ Yes  ☒ No  Research and Development:
Street Address: City, State Zip: Description/Fund Source of Award	300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	☐ Yes ☑ No
Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☒ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly  ☐ Quarterly  ☐ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 36,681  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:		<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

Authorized By (Name, Title): Veronica Sullivan, Director

Date: July 1, 2025

		- 1-
Name and Address of Recipient		Fund Type:
Agency Name:	Owensboro Independent.	⊠State
Street Address:	PO Box 249	□Federal
City, State, Zip:	Owensboro, KY 42302	□Other:
		Subrecipient:
KDE Contact Information		□ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
7	Vontucio, Donor	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCK Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tolleacity Depair	Financial Reporting Method:
		☐ Electronic Submission CDIP Reports
Award Amount: \$ 70,604		
Period of Award:		□Other:
		Evaluations: Each program will be evaluated pe
July 1, 2025-June 30, 2026	/ \	specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	a, rise riogium contucts.
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**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Owsley County.	⊠State
Street Address:	PO Box 340	□Federal
City, State, Zip:	Booneville, KY 41314	□Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes ☐ No
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar		
Description: Federal Award Date: Federal Agency:	FY26-Gifted & Talented. N/A N/A.	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	□Lump Sum
MUNIS Project Number:	130M	$\square$ Receipt of Invoice from Vendor
MOA Number:	N/A	Reimbursement Frequency:
Pass-through Number:	N/A	☐ Monthly
Restricted Indirect Cost Rate:  Grant Authority (Source):	N/A. 704 KAR 3.285 TUCK Depar	☐ Quarterly ☐ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 27,408		⊠Electronic Submission CDIP Reports
Awaru Amount. \$ 27,408		□Other:
Period of Award:		
July 1, 2025-June 30, 2026		Evaluations: Each program will be evaluated pe
		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions: S	Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to en	mploy properly certified personnel to provide

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Positions		Fried Trees
Name and Address of Recipient Agency Name:	Paducah Independent.	Fund Type:
Street Address:	PO Box 2550	☐ Federal
City, State, Zip:	Paducah, KY 42003	
City, State, Zip.	Faducall, N1 42003	□Other:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	☐ Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
7	704 KAR 3.285 TUCKV Depar	□Quarterly
Grant Authority (Source):	704 KAR 3.285	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	remederly bepair	Financial Depositing Methods
	, , , , , , , , , , , , , , , , , , , ,	Financial Reporting Method:
Award Amount: \$49,828		⊠Electronic Submission
Payind of Assault		□Other:
Period of Award:		Evaluations: Each program will be evaluated pe
July 1, 2025-June 30, 2026		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	by Roe Frogram Contacts.
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**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Paintsville Independent.	⊠State
Street Address:	305 2nd St	□Federal
City, State, Zip:	Paintsville, KY 41240	□Other:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar		Method of Payment
Description:	FY26-Gifted & Talented.	Federal Cash Request
Federal Award Date:	N/A	•
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	$\square$ Receipt of Invoice from Vendor
MOA Number:	N/A	Reimbursement Frequency:
Pass-through Number:	N/A	· · · · · · · · · · · · · · · · · · ·
Restricted Indirect Cost Rate:	N/A.	□Monthly
[	704 KAR 3.285	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCK Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	remarks below	Financial Reporting Method:
Award Amount: \$ 27,417		⊠Electronic Submission CDIP Reports
Awaru Amount. 3 27,417		□Other:
Period of Award:		2011101
July 1, 2025-June 30, 2026		Evaluations: Each program will be evaluated pe
tu., 1, 1010 tu., 1010		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	
		mpley preparly certified personnel to provide

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Paris Independent. 310 W Seventh St Paris, KY 40361	Fund Type:  ☑ State  ☐ Federal  ☐ Other:
KDE Contact Information Program Consultant: Street Address: Budget Contact:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346	Subrecipient:  ☐ Yes  ☑ No  Research and Development:
Street Address: City, State Zip: Description/Fund Source of Award	300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	☐ Yes ⊠ No
Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☒ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly  ☐ Quarterly  ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 27,281  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:		<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Pendleton County. 2525 Hwy 27 N Falmouth, KY 41040	Fund Type:  ☑ State  ☐ Federal  ☐ Other:
KDE Contact Information Program Consultant: Street Address: Budget Contact:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346	Subrecipient:  ☐ Yes  ☑ No  Research and Development:
Street Address: City, State Zip: Description/Fund Source of Award	300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	☐ Yes ⊠ No
Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☒ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly  ☐ Quarterly  ☐ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 42,004  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:		<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Perry County.	⊠State
Street Address:	315 Park Ave	□Federal
City, State, Zip:	Hazard, KY 41701	□Other:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
<b>Description/Fund Source of Award</b>	d and Fiscal Year:	A4 1 1 6 D
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	Dainelanna and Farance
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	Monthly
	Kantucky Donor	Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	☑Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tollidadity Dopoli	Financial Reporting Method:
		⊠ Electronic Submission CDIP Reports
Award Amount: \$ 57,407		Other:
Period of Award:		Dottler.
July 1, 2025-June 30, 2026		Evaluations: Each program will be evaluated per
Jary 1, 2023 Jane 30, 2020		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

Authorized By (Name, Title): Veronica Sullivan, Director

Date: July 1, 2025

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Pike County. PO Box 3097 Pikeville, KY 41502	Fund Type:  State  □ Federal  □ Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes  ☐ No
Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes  ☒ No
Description/Fund Source of Award Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number: MOA Number:	d and Fiscal Year:  FY26-Gifted & Talented.  N/A  N/A.  N/A  N/A  130M  N/A	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☐ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor
Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCKY Depar	Reimbursement Frequency:  ☐ Monthly  ☐ Quarterly  ☐ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 95,380  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	J CATI	<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Pikeville Independent.	⊠State
Street Address:	148 Second Street	□Federal
City, State, Zip:	Pikeville, KY 41501	□Other:
		Cubussiniant
KDE Contact Information		Subrecipient:  ☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	⊠ No
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	□ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Aware		
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	□Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	·
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A	☐Monthly
	Vontucky Donor	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tolledelty Depair	Financial Reporting Method:
	,	· •
Award Amount: \$ 31,553		☑ Electronic Submission CDIP Reports
Period of Award:		□Other:
	/ /	<b>Evaluations:</b> Each program will be evaluated per
July 1, 2025-June 30, 2026	/ \	specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	5,

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Pineville Independent. 401 Virginia Ave Pineville, KY 40977	Fund Type:  ☑ State  ☐ Federal  ☐ Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes  ☒ No
Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes  ☒ No
Description/Fund Source of Award Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☑ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly  ☐ Quarterly  ☐ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 25,809  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:		<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Powell County. PO Box 430 Stanton, KY 40380	Fund Type:  State  Federal  Other:
KDE Contact Information Program Consultant: Street Address: Budget Contact: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor.	Subrecipient:  ☐ Yes  ☐ No  Research and Development:  ☐ Yes
City, State Zip:  Description/Fund Source of Awar Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	<ul> <li>No</li> <li>Method of Payment</li> <li>□ Federal Cash Request</li> <li>□ Expenditure Reimbursement</li> <li>⋈ Automatic Payment</li> <li>□ Lump Sum</li> <li>□ Receipt of Invoice from Vendor</li> </ul>
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 40,934  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:		<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Pulaski County. PO Box 1055 Somerset, KY 42502	Fund Type:  ☑ State  ☐ Federal  ☐ Other:
KDE Contact Information Program Consultant: Street Address: Budget Contact:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346	Subrecipient:  ☐ Yes  ☒ No  Research and Development:
Street Address: City, State Zip: Description/Fund Source of Award	300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	☐ Yes ☑ No
Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☒ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCKV Depar	Reimbursement Frequency:  ☐ Monthly  ☐ Quarterly  ☐ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 97,813  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	NA	<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: 600 Ram Blvd City, State, Zip: Raceland, KY 41169 City, State, Zip: Raceland, KY 41169 City, State, Zip: Robert Address: 300 Sower Blvd-4" Floor Street Address: 300 Sower Blvd-4" Floor Street Address: 300 Sower Blvd-4" Floor City, State Zip: Frankfort, KY 40601 Description/Fund Source of Award and Fiscal Year: Description: Federal Ayard Date: N/A Federal Agency: N/A RUNIS Project Number: N/A RUNIS Project Number: N/A Restricted Indirect Cost Rate: N/A Restricted Indirect Cost Rate: N/A Raward Amount: \$ 30,706 Period of Award: Luly 1, 2025-June 30, 2026 Consortia/Partnership Members: N/A			
Street Address: 600 Ram Blvd	•		Fund Type:
City, State, Zip: Raceland, KY 41169  KDE Contact Information Program Consultant: Street Address: 300 Sower Blvd-4th Floor Street Address: 300 Sower Blvd-4th Floor Street Address: 300 Sower Blvd-5th Floor. City, State Zip: Frankfort, KY 40601  Description/Fund Source of Award and Fiscal Year: Description: Federal Award Date: N/A Federal Agency: ALN#: N/A ALN#: N/A ALN#: N/A ALN#: N/A MUNIS Project Number: 130M MOA Number: N/A Restricted Indirect Cost Rate: N/A Restricted Indirect Cost Rate: N/A Grant Authority (Source):  Award Amount: \$ 30,706  Period of Award: July 1, 2025-June 30, 2026  Subrectiplem: Method of Payment Federal Agency: Method of Payment Federal Cash Request Federal Cash Request Federal Cash Request Expenditure Reimbursement Automatic Payment Federal Cash Request Fed	<u> </u>	•	⊠State
KDE Contact Information Program Consultant: Street Address: 300 Sower Blvd-4 <sup>th</sup> Floor Budget Contact: Kristin Burton-(502) 564-1979 x4346 Street Address: 300 Sower Blvd-5 <sup>th</sup> Floor.  Budget Contact: Kristin Burton-(502) 564-1979 x4346 Street Address: 300 Sower Blvd-5 <sup>th</sup> Floor.  Budget Contact: Kristin Burton-(502) 564-1979 x4346 Street Address: 300 Sower Blvd-5 <sup>th</sup> Floor.  Budget Contact: Kristin Burton-(502) 564-1979 x4346 Research and Development:    Ves	Street Address:		□Federal
Yes	City, State, Zip:	Raceland, KY 41169	□Other:
Yes			Subrocipiont
Program Consultant: Street Address: 300 Sower Blvd-4th Floor Street Address: 300 Sower Blvd-4th Floor. Street Address: 300 Sower Blvd-5th Floor. Street Address: 300 Sower Bvd-4th Floor. Street Address: Stre	KDE Contact Information		
Street Address: 300 Sower Blvd-4th Floor Budget Contact: Kristin Burton-(502) 564-1979 x4346 Street Address: 300 Sower Blvd5th Floor.	Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	
Street Address: 300 Sower Blvd5 <sup>th</sup> Floor. City, State Zip: Frankfort, KY 40601  Description/Fund Source of Award and Fiscal Year:  Description: FY26-Gifted & Talented. Federal Award Date: N/A  Federal Award Date: N/A  Federal Agency: N/A.  LUmp Sum  MUNIS Project Number: 130M  MON Number: N/A  Restricted Indirect Cost Rate: N/A.  Grant Authority (Source): 704 KAR 3.285  Award Amount: \$ 30,706  Period of Award: July 1, 2025-June 30, 2026  Sync Automatic Payment    Yes     No   No   Method of Payment     Federal Cash Request     Federal Cash Request     Federal Cash Request     Expenditure Reimbursement     Automatic Payment     Lump Sum     Receipt of Invoice from Vendor     Reimbursement Frequency:     Monthly     Quarterly     Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters     Financial Reporting Method:     Evaluations: Each program will be evaluated pe specific program guidelines to be disseminated by KDE Program Contacts.	_	· · · · · · · · · · · · · · · · · · ·	△ NO
Street Address: 300 Sower Blvd5 <sup>th</sup> Floor. City, State Zip: Frankfort, KY 40601  Description/Fund Source of Award and Fiscal Year:  Description: FY26-Gifted & Talented. Federal Award Date: N/A  Federal Award Date: N/A  Federal Agency: N/A.  LUmp Sum  MUNIS Project Number: 130M  MON Number: N/A  Restricted Indirect Cost Rate: N/A.  Grant Authority (Source): 704 KAR 3.285  Award Amount: \$ 30,706  Period of Award: July 1, 2025-June 30, 2026  Sync Automatic Payment    Yes     No   No   Method of Payment     Federal Cash Request     Federal Cash Request     Federal Cash Request     Expenditure Reimbursement     Automatic Payment     Lump Sum     Receipt of Invoice from Vendor     Reimbursement Frequency:     Monthly     Quarterly     Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters     Financial Reporting Method:     Evaluations: Each program will be evaluated pe specific program guidelines to be disseminated by KDE Program Contacts.	Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
City, State Zip: Frankfort, KY 40601  Description/Fund Source of Award and Fiscal Year:  Description: FY26-Gifted & Talented.  Federal Award Date: N/A  Federal Award Date: N/A  Federal Award Date: N/A  Federal Award Date: N/A  BExpenditure Reimbursement  Method of Payment  Federal Cash Request  Expenditure Reimbursement  Method of Payment  Federal Cash Request  Expenditure Reimbursement  Mautomatic Payment  Lump Sum  Lump Sum  MUNIS Project Number: 130M  MOA Number: N/A  Pass-through Number: N/A  Restricted Indirect Cost Rate: N/A.  Grant Authority (Source): 704 KAR 3.285  Award Amount: \$ 30,706  Period of Award:  July 1, 2025-June 30, 2026  Evaluations: Each program will be evaluated perspecific program guidelines to be disseminated by KDE Program Contacts.		· ·	
Description/Fund Source of Award and Fiscal Year:  Description: FY26-Gifted & Talented. Federal Award Date: N/A Federal Agency: N/A.  ALN#: N/A PR/AWARD NUMBER (FAIN): N/A MUNIS Project Number: 130M MUNIS Project Number: N/A Restricted Indirect Cost Rate: N/A.  Grant Authority (Source): 704 KAR 3.285  Award Amount: \$ 30,706  Period of Award: July 1, 2025-June 30, 2026  Evaluations: Each program will be evaluated pespecific program guidelines to be disseminated by KDE Program Contacts.	City, State Zip:		⊠ No
Federal Award Date: Federal Award Date: Federal Award Date: N/A Federal Agency: N/A  LN#: N/A PR/AWARD NUMBER (FAIN): MOA Number: Pass-through Number: N/A Restricted Indirect Cost Rate: N/A  Award Amount: \$ 30,706  Period of Award: July 1, 2025-June 30, 2026  Period of Award: July 1, 2025-June 30, 2026    Federal Cash Request   Expenditure Reimbursement   Expendit		d and Fiscal Year:	
Federal Agency:  Federal Agency:  ALN#:  N/A  PR/AWARD NUMBER (FAIN):  MUNIS Project Number:  MOA Number:  Pass-through Number:  Restricted Indirect Cost Rate:  Grant Authority (Source):  Award Amount: \$ 30,706  Period of Award:  July 1, 2025-June 30, 2026  N/A    Expenditure Reimbursement   Authority Responditure Reimbursement	Description:	FY26-Gifted & Talented.	-
ALN#:  N/A  PR/AWARD NUMBER (FAIN):  N/A  MUNIS Project Number:  MOA Number:  Pass-through Number:  Restricted Indirect Cost Rate:  Grant Authority (Source):  704 KAR 3.285   Award Amount: \$ 30,706  Period of Award:  July 1, 2025-June 30, 2026  MYA  Automatic Payment    Lump Sum   Receipt of Invoice from Vendor    Reimbursement Frequency:   Monthly   Quarterly   Quarterly   Other: 1st & 3rd Quarters   Financial Reporting Method:   Evaluations: Each program will be evaluated perspecific program guidelines to be disseminated by KDE Program Contacts.	Federal Award Date:	N/A	•
PR/AWARD NUMBER (FAIN):  N/A  MUNIS Project Number:  MOA Number:  Pass-through Number:  Restricted Indirect Cost Rate:  Grant Authority (Source):  Award Amount: \$ 30,706  Period of Award:  July 1, 2025-June 30, 2026    Lump Sum   Receipt of Invoice from Vendor   Reimbursement Frequency:   Monthly   Quarterly   Quarterly   Other: 1²¹ & 3⁻¹ Quarters   Financial Reporting Method:   Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.	Federal Agency:	N/A.	☐Expenditure Reimbursement
MUNIS Project Number:  MOA Number: Pass-through Number: Restricted Indirect Cost Rate:  Grant Authority (Source):  Award Amount: \$ 30,706  Period of Award: July 1, 2025-June 30, 2026  MUNIS Project Number: 130M N/A N/A Reimbursement Frequency:   Monthly     Quarterly     Quarterly     Other: 1st & 3rd Quarters   Financial Reporting Method:   ⊠ Electronic Submission CDIP Reports   Other:   Evaluations: Each program will be evaluated perspecific program guidelines to be disseminated by KDE Program Contacts.	ALN#:	N/A	⊠Automatic Payment
MOA Number: Pass-through Number: Restricted Indirect Cost Rate:  N/A N/A N/A Grant Authority (Source):  Award Amount: \$ 30,706  Period of Award: July 1, 2025-June 30, 2026  Period of Award: July 1, 2025-June 30, 2026  Period of Award: July 1, 2025-June 30, 2026  Reimbursement Frequency: □ Monthly □ Quarterly □ Quarterly □ Other: □ Electronic Submission CDIP Reports □ Other:  Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contacts.	PR/AWARD NUMBER (FAIN):	N/A	□Lump Sum
Pass-through Number: Restricted Indirect Cost Rate:    Monthly   Quarterly   Quarterly   Mother: 1st & 3rd Quarters	MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
Restricted Indirect Cost Rate:    Monthly	MOA Number:	N/A	
Grant Authority (Source):  704 KAR 3.285  Award Amount: \$ 30,706  Period of Award: July 1, 2025-June 30, 2026  Period of Award: by KDE Program Contacts.	Pass-through Number:	N/A	· · · · · · · · · · · · · · · · · · ·
Grant Authority (Source):  704 KAR 3.285    Source   Financial Reporting Method:   Selectronic Submission   CDIP Reports	Restricted Indirect Cost Rate:	N/A.	
Award Amount: \$ 30,706  Period of Award:  July 1, 2025-June 30, 2026  Period of Award:  Evaluations: Each program will be evaluated perspecific program guidelines to be disseminated by KDE Program Contacts.	7. [ . [/ ] .[	Kantucky Danar	
Award Amount: \$ 30,706  Period of Award:  July 1, 2025-June 30, 2026  Period of Award:  Evaluations: Each program will be evaluated perspecific program guidelines to be disseminated by KDE Program Contacts.	Grant Authority (Source):	704 KAR 3.285	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
Award Amount: \$ 30,706  Period of Award: July 1, 2025-June 30, 2026  Evaluations: Each program will be evaluated perspecific program guidelines to be disseminated by KDE Program Contacts.		Tolleadity Dopoli	Financial Reporting Method:
Period of Award: July 1, 2025-June 30, 2026  Evaluations: Each program will be evaluated perspecific program guidelines to be disseminated by KDE Program Contacts.			•
Period of Award: July 1, 2025-June 30, 2026  Evaluations: Each program will be evaluated perspecific program guidelines to be disseminated by KDE Program Contacts.	Award Amount: \$ 30,706		
July 1, 2025-June 30, 2026  Evaluations: Each program will be evaluated perspecific program guidelines to be disseminated by KDE Program Contacts.	Period of Award:		Lottler:
specific program guidelines to be disseminated by KDE Program Contacts.			Evaluations: Each program will be evaluated pe
	July 1, 2023 Julie 30, 2020		specific program guidelines to be disseminated
Consortia/Partnership Members: N/A			by KDE Program Contacts.
	Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Robertson County.	⊠State
Street Address:	PO Box 108	☐ Federal
City, State, Zip:	Mount Olivet, KY 41064	$\square$ Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes  ☒ No
		Research and Development:
Budget Contact:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor.	Yes
Street Address:		— · • •
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar		Method of Payment
Description: Federal Award Date:	FY26-Gifted & Talented. N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	□Lump Sum
MUNIS Project Number:	130M	Receipt of Invoice from Vendor
MOA Number:	N/A	
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	□Quarterly ☑Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
		Financial Reporting Method:
Award Amount: \$ 24,352		⊠ Electronic Submission CDIP Reports
		□Other:
Period of Award:		Evaluations: Each program will be evaluated pe
July 1, 2025-June 30, 2026		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions: S	seventy-Five (75) percent of a district's Gifted Education allocation shall be used to en	mploy properly certified personnel to provide

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Rockcastle County.	⊠State
Street Address:	245 Richmond St	□Federal
City, State, Zip:	Mount Vernon, KY 40456	□Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blyd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes ☑ No
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar		
Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A N/A N/A N/A	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 47,269		⊠ Electronic Submission CDIP Reports  □ Other:
Period of Award: July 1, 2025-June 30, 2026		<b>Evaluations:</b> Each program will be evaluated pe specific program guidelines to be disseminated by KDE Program Contacts.
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions: 9	Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to en	mploy properly certified personnel to provide

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Rowan County. 121 E Second St Morehead, KY 40351	Fund Type:  State  □ Federal  □ Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes  ☒ No
Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes  ☒ No
Description/Fund Source of Award Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☐ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCKY Depar	Reimbursement Frequency:  ☐ Monthly  ☐ Quarterly  ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 52,164  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:		<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

Authorized By (Name, Title): Veronica Sullivan, Director

Date: July 1, 2025

Name and Address of Recipient		Fund Type:
Agency Name:	Russell County.	⊠State
Street Address:	PO Box 440	□Federal
City, State, Zip:	Jamestown, KY 42629	□Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes ☐ No
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar		
Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement ☐ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor
MOA Number:	N/A	Reimbursement Frequency:
Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A. 704 KAR 3.285 TUCK Depar	☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$48,651		⊠ Electronic Submission CDIP Reports
Period of Award: July 1, 2025-June 30, 2026	UCATI	□Other:  Evaluations: Each program will be evaluated pe specific program guidelines to be disseminated by KDE Program Contacts.
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions: S	Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to en	mploy properly certified personnel to provide

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Russell Independent.	⊠State
Street Address:	409 Belfont St	□ Federal
City, State, Zip:	Russell, KY 41169	Other:
city, state, zip.	Nusselly KT 41105	□other.
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	Mathad of Downson
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	B
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
7	704 KAR 3.285 TUCKV Depar	□Quarterly
Grant Authority (Source):	704 KAR 3.285	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	remederly bepon	Financial Reporting Method:
	, ,	
Award Amount: \$ 40,983		⊠Electronic Submission
Paris def Assert		□Other:
Period of Award:		Evaluations: Each program will be evaluated pe
July 1, 2025-June 30, 2026		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	by Roe Program contacts.
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**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

Authorized By (Name, Title): Veronica Sullivan, Director

Date: July 1, 2025

Name and Address of Recipient		Fund Type:
Agency Name:	Russellville Independent.	⊠State 
Street Address:	355 S Summer St	□Federal
City, State, Zip:	Russellville, KY 42276	□Other:
		Subrecipient:
KDE Contact Information		_ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	•
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	☐ Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
7	Vontucio, Donor	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tolleadity Dopol	Financial Reporting Method:
	, , ,	⊠ Electronic Submission CDIP Reports
Award Amount: \$31,174		
Period of Award:		□Other:
		Evaluations: Each program will be evaluated pe
July 1, 2025-June 30, 2026		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	Zi iiz z i i z gi din dontado.
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**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Science Hill Independent.	⊠State
Street Address:	6007 N Hwy 27	□Federal
City, State, Zip:	Science Hill, KY 42553	Other:
		Doner.
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	Mash ad of Daymant
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	☐ Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A	□Monthly
7	Vontucial Donor	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Italicacity Dopai	
	/	Financial Reporting Method:
Award Amount: \$ 24,206		⊠Electronic Submission
		□Other:
Period of Award:		Evaluations: Each program will be evaluated pe
July 1, 2025-June 30, 2026		specific program guidelines to be disseminated
Company (Daylor His ac		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

Authorized By (Name, Title): Veronica Sullivan, Director

Date: July 1, 2025

Name and Address of Recipient Agency Name:	Scott County.	Fund Type:
Street Address:	PO Box 578	□Federal
City, State, Zip:	Georgetown, KY 40324	☐Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blyd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes ☐ No
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	□ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
<b>Description/Fund Source of Awar</b>	d and Fiscal Year:	Made of af Downson
Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☒ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor
MOA Number:	N/A	Reimbursement Frequency:
Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A. 704 KAR 3.285 TUCK Depar	☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters Financial Reporting Method:
Award Amount: \$ 113,412		⊠Electronic Submission <u>CDIP Reports</u>
Period of Award: July 1, 2025-June 30, 2026	UCATI	□Other:  Evaluations: Each program will be evaluated pe specific program guidelines to be disseminated by KDE Program Contacts.
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions:	Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to en	mnlov properly certified personnel to provide

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Shelby County. 1155 Main St.,PO Box 159 Shelbyville, KY 40066	Fund Type:  State  Federal  Other:
KDE Contact Information Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Subrecipient:  ☐ Yes ☐ No  Research and Development: ☐ Yes ☐ No
Description/Fund Source of Awar Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A N/A N/A N/A	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 87,712  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:		<ul> <li>☑ Electronic Submission</li></ul>
-		

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

Authorized By (Name, Title): Veronica Sullivan, Director

Date: July 1, 2025

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Simpson County. PO Box 467 Franklin, KY 42135	Fund Type:  ☑ State  ☐ Federal  ☐ Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes  ☑ No
Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes  ☒ No
Description/Fund Source of Awar Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number: MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	d and Fiscal Year:  FY26-Gifted & Talented.  N/A  N/A.  N/A  N/A  130M  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor  Reimbursement Frequency: ☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 49,536  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:		<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Somerset Independent. 305 N College St Somerset, KY 42502	Fund Type:  State  Federal  Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes ☐ No
Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes  ☒ No
Description/Fund Source of Awar Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
Award Amount: \$ 35,300  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	UCATI	Financial Reporting Method:  ⊠ Electronic Submission CDIP Reports  □ Other:  Evaluations: Each program will be evaluated pe specific program guidelines to be disseminated by KDE Program Contacts.

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Southgate Independent. Wm Blatt and Evergreen Southgate, KY 41071	Fund Type:  ☑ State  ☐ Federal  ☐ Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes  ☒ No
Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes  ☒ No
Description/Fund Source of Award Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☒ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly ☐ Quarterly ☐ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 21,773  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	JCATI	<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Spencer County. 207 W Main St Taylorsville, KY 40071	Fund Type:  State  □ Federal  □ Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes  ☐ No
Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes  ☒ No
Description/Fund Source of Award Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☑ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCKY Depar	Reimbursement Frequency:  Monthly  Quarterly  Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 51,327  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:		<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

Authorized By (Name, Title): Veronica Sullivan, Director

Date: July 1, 2025

		- 1-
Name and Address of Recipient	T   0	Fund Type:
Agency Name:	Taylor County.	⊠ State
Street Address:	1209 E Broadway	□Federal
City, State, Zip:	Campbellsville, KY 42718	□Other:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	• • •
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	□Monthly
7	Vontucia, Donor	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCK Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	remederly bepair	Financial Reporting Method:
	, , , , , , , , , , , , , , , , , , ,	⊠ Electronic Submission CDIP Reports
Award Amount: \$ 46,841		
Period of Award:		□Other:
		Evaluations: Each program will be evaluated pe
July 1, 2025-June 30, 2026	/ \	specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	a, not respond contacts.
		mulay properly sortified personnel to provide

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

Authorized By (Name, Title): Veronica Sullivan, Director

Date: July 1, 2025

	Award Notification	
Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Todd County. 205 Airport Road Elkton, KY 42220	Fund Type:  ☑ State  ☐ Federal  ☐ Other:
KDE Contact Information Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Subrecipient:  ☐ Yes  ☒ No  Research and Development:  ☐ Yes  ☒ No
Description/Fund Source of Award Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	d and Fiscal Year: FY26-Gifted & Talented. N/A N/A. N/A. N/A N/A N/A N/A N/A N/A	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☒ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly  ☐ Quarterly  ☐ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 38,890  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:		<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Trigg County. 202 Main St Cadiz, KY 42211	Fund Type:  State  □ Federal  □ Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes  ☒ No
Budget Contact: Street Address: City, State Zip:	Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601	Research and Development:  ☐ Yes  ☒ No
Description/Fund Source of Award Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number: MOA Number:	d and Fiscal Year:  FY26-Gifted & Talented.  N/A  N/A.  N/A  N/A  130M  N/A	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☑ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor
Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCKY Depar	Reimbursement Frequency:  ☐ Monthly  ☐ Quarterly  ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 39,153  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	J CATI	<ul> <li>☑ Electronic Submission</li></ul>

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Trimble County.	⊠State
Street Address:	PO Box 275	□Federal
City, State, Zip:	Bedford, KY 40006	□Other:
		Subrecipient:
<b>KDE Contact Information</b>		□ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	☐ Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	□Monthly
7 [ [ ] [	Vontucia, Donor	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	⊠ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	remederly bepair	Financial Depositing Methods
	, , , , , , , , , , , , , , , , , , , ,	Financial Reporting Method:
Award Amount: \$31,757		☑ Electronic Submission CDIP Reports
Payind of Assault		□Other:
Period of Award:		Evaluations: Each program will be evaluated pe
July 1, 2025-June 30, 2026	/ \	specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	of Recording Contacts.
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**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Union County.	⊠State
Street Address:	510 S Mart St	□Federal
City, State, Zip:	Morganfield, KY 42437	□Other:
KDE Contact Information Program Consultant: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blyd-4 <sup>th</sup> Floor	Subrecipient:  ☐ Yes ☐ No
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar		
Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A N/A N/A N/A	Method of Payment  ☐ Federal Cash Request  ☐ Expenditure Reimbursement  ☒ Automatic Payment  ☐ Lump Sum  ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$40,019		<ul><li>☑ Electronic Submission</li><li>☑ Other:</li></ul>
Period of Award: July 1, 2025-June 30, 2026	UCATI	<b>Evaluations:</b> Each program will be evaluated pe specific program guidelines to be disseminated by KDE Program Contacts.
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions	Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to en	mnlov properly certified personnel to provide

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Walton-Verona Independent. 16 School Rd Walton, KY 41094	Fund Type:  State  Federal  Other:
KDE Contact Information Program Consultant: Street Address: Budget Contact:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346	Subrecipient:  ☐ Yes ☐ No  Research and Development:
Street Address: City, State Zip: Description/Fund Source of Awar	300 Sower Blvd5 <sup>th</sup> Floor. Frankfort, KY 40601 <b>d and Fiscal Year:</b>	<ul><li>☐ Yes</li><li>☒ No</li><li>Method of Payment</li></ul>
Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment □ Lump Sum □ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
Award Amount: \$ 38,209  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	UCATI	Financial Reporting Method:  ⊠ Electronic Submission CDIP Reports  □ Other:  Evaluations: Each program will be evaluated pe specific program guidelines to be disseminated by KDE Program Contacts.

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Warren County.	⊠State
Street Address:	PO Box 51810	□Federal
City, State, Zip:	Bowling Green, KY 42102	□Other:
		Subrecipient:
KDE Contact Information		□ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	•
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	Made of af Downson
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	□Lump Sum
MUNIS Project Number:	130M	$\square$ Receipt of Invoice from Vendor
MOA Number:	N/A	Daimhussamant Francisco
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	□Monthly
	704 KAR 3.285 TUCKV Depar	□Quarterly
Grant Authority (Source):	704 KAR 3.285	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	TOTAL OF THE STATE	Financial Reporting Method:
A		⊠Electronic Submission CDIP Reports
Award Amount: \$ 189,665		Other:
Period of Award:		Louier.
July 1, 2025-June 30, 2026		Evaluations: Each program will be evaluated pe
July 1, 2023 Julie 30, 2020		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Washington County.	⊠State
Street Address:	120 Mackville Hill Rd	□Federal
City, State, Zip:	Springfield, KY 40069	□Other:
		Colonistations
KDE Contact Information		Subrecipient:
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	☐ Yes
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	⊠ No
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Aware	·	Z NO
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	□Lump Sum
MUNIS Project Number:	130M	Receipt of Invoice from Vendor
MOA Number:	N/A	Theceipt of invoice from vendor
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
nestricted indirect cost rate.	Mantucky Danak	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
U U U	IXCIICUCIXY DCDUI	
	//	Financial Reporting Method:
Award Amount: \$ 36,730		☑ Electronic Submission CDIP Reports
		□Other:
Period of Award:	/\	<b>Evaluations:</b> Each program will be evaluated per
July 1, 2025-June 30, 2026		specific program guidelines to be disseminated
Consortia/Partnership Members:	01/0	by KDE Program Contacts.
consolita/Partifership intembers:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Bosiniant		Fund Type
Name and Address of Recipient Agency Name:	Wayne County.	Fund Type:
Street Address:	534 Albany Rd	☐ Federal
City, State, Zip:	Monticello, KY 42633	
City, State, Zip.	Widifficend, NT 42033	□Other:
		Subrecipient:
KDE Contact Information		□ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	Mathad of Daymant
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	$\square$ Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	Deinshausens auf Europassus
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	□Monthly
[a[]/	704 KAR 3.285 TUCKV Depar	□Quarterly
Grant Authority (Source):	704 KAR 3.285	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tollowity Dopoli	Financial Reporting Method:
		⊠Electronic Submission CDIP Reports
Award Amount: \$ 56,674		Other:
Period of Award:		Liother.
July 1, 2025-June 30, 2026	/	Evaluations: Each program will be evaluated pe
July 1, 2023-Julie 30, 2020		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Webster County.	⊠State
Street Address:	28 State Rt 1340	□Federal
City, State, Zip:	Dixon, KY 42409	Other:
(i.t.), (i.t.), (i.p.)		Dottler.
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
<b>Description/Fund Source of Award</b>	d and Fiscal Year:	Marks of af Daymana
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	- · · · · · · · · · · · · · · · · · · ·
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	Monthly
1 f - [/ ] .[	Vontuciou Donor	□Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tolledolly Dopal	Financial Reporting Method:
	, ,	
Award Amount: \$41,265		☑ Electronic Submission CDIP Reports
David of Assessed		□Other:
Period of Award:	/	<b>Evaluations:</b> Each program will be evaluated per
July 1, 2025-June 30, 2026		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	J NECT OF CONTROLS.
constraint and the same in the same is		

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Whitley County. 116 N 4th St Williamsburg, KY 40769	Fund Type:  State  Federal  Other:
KDE Contact Information Program Consultant: Street Address: Budget Contact: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor.	Subrecipient:  ☐ Yes  ☒ No  Research and Development:  ☐ Yes
City, State Zip:  Description/Fund Source of Awar	Frankfort, KY 40601 d and Fiscal Year:	⊠ No
Description: Federal Award Date: Federal Agency: ALN#: PR/AWARD NUMBER (FAIN): MUNIS Project Number:	FY26-Gifted & Talented. N/A N/A. N/A N/A 130M	Method of Payment  ☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):	N/A N/A N/A. 704 KAR 3.285 TUCK Depar	Reimbursement Frequency:  ☐ Monthly ☐ Quarterly ☑ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method:
Award Amount: \$ 60,357  Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	ICATI	<ul> <li>☑ Electronic Submission</li></ul>
consolua/Partifersiip iviembers:		

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Williamsburg Independent.	⊠State
Street Address:	1000 Main St	□Federal
City, State, Zip:	Williamsburg, KY 40769	□Other:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	Z NO
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	B
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
7. [ . [/ ] .[	704 KAR 3.285 TUCKV Depar	□Quarterly
Grant Authority (Source):	704 KAR 3.285	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tolleadity Dopoli	Financial Reporting Method:
		⊠Electronic Submission <u>CDIP Reports</u>
Award Amount: \$ 28,001		Other:
Period of Award:		Lottler:
July 1, 2025-June 30, 2026		Evaluations: Each program will be evaluated pe
July 1, 2023-Julie 30, 2020		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	, 4

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Williamstown Independent.	⊠State
Street Address:	300 Helton St	□Federal
City, State, Zip:	Williamstown, KY 41097	□Other:
		Subrecipient:
KDE Contact Information		☐ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	Bassauch and Bassalannants
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar		Method of Payment
Description:	FY26-Gifted & Talented.	☐ Federal Cash Request
Federal Award Date:	N/A	•
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	□Lump Sum
MUNIS Project Number:	130M	$\square$ Receipt of Invoice from Vendor
MOA Number:	N/A	Reimbursement Frequency:
Pass-through Number:	N/A	☐ Monthly
Restricted Indirect Cost Rate:	N/A.	
Grant Authority (Source):	704 KAR 3.285 TUCK Depar	□Quarterly ☑Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
US US UR	MCHILLICITY DEPOI	
	/	Financial Reporting Method:
Award Amount: \$ 28,595		⊠ Electronic Submission
		□Other:
Period of Award:		Evaluations: Each program will be evaluated pe
July 1, 2025-June 30, 2026		specific program guidelines to be disseminated
Company (Double of )		by KDE Program Contacts.
Consortia/Partnership Members: N/A		
Special Instructions (Conditions: Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide		

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient Agency Name: Street Address: City, State, Zip:	Wolfe County. PO Box 160 Campton, KY 41301	Fund Type:  State  Federal  Other:
KDE Contact Information Program Consultant: Street Address: Budget Contact: Street Address:	Lynn Lockard-(502) 564-4970 x4115. 300 Sower Blvd-4 <sup>th</sup> Floor Kristin Burton-(502) 564-1979 x4346 300 Sower Blvd5 <sup>th</sup> Floor.	Subrecipient:  ☐ Yes ☐ No  Research and Development: ☐ Yes
City, State Zip:  Description/Fund Source of Awar Description: Federal Award Date: Federal Agency: ALN#:	Frankfort, KY 40601  d and Fiscal Year: FY26-Gifted & Talented. N/A N/A. N/A. N/A	<ul> <li>No</li> <li>Method of Payment</li> <li>□ Federal Cash Request</li> <li>□ Expenditure Reimbursement</li> <li>⋈ Automatic Payment</li> </ul>
PR/AWARD NUMBER (FAIN): MUNIS Project Number: MOA Number: Pass-through Number: Restricted Indirect Cost Rate:	N/A 130M N/A N/A	□ Lump Sum □ Receipt of Invoice from Vendor  Reimbursement Frequency: □ Monthly
Grant Authority (Source):  Award Amount: \$ 31,183	704 KAR 3.285 TUCKY Depar	□ Quarterly □ Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters  Financial Reporting Method: □ Electronic Submission CDIP Reports
Period of Award: July 1, 2025-June 30, 2026  Consortia/Partnership Members:	N/A CATI	□Other:  Evaluations: Each program will be evaluated pe specific program guidelines to be disseminated by KDE Program Contacts.

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

Authorized By (Name, Title): Veronica Sullivan, Director

Date: July 1, 2025

Name and Address of Basiniant		Front Front
Name and Address of Recipient	Mandand County	Fund Type:
Agency Name: Street Address:	Woodford County.	⊠ State
	330 Pisgah Pk	Federal
City, State, Zip:	Versailles, KY 40383	☐Other:
		Subrecipient:
<b>KDE Contact Information</b>		□ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	_ 110
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
<b>Description/Fund Source of Awar</b>	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	Dainelanna and Farance
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	Monthly
	Kantucky Donar	Quarterly
Grant Authority (Source):	704 KAR 3.285 TUCKV Depar	☑Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Torrodorty Dopon	Financial Reporting Method:
		⊠ Electronic Submission CDIP Reports
Award Amount: \$ 58,771		Other:
Period of Award:		Dotner.
July 1, 2025-June 30, 2026		Evaluations: Each program will be evaluated per
34.7 1, 2023 34110 30, 2020		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Basiniant		Found Towns
Name and Address of Recipient	Kantualus Cahaal Can The Dlind	Fund Type:
Agency Name: Street Address:	Kentucky School For The Blind. 1867 Frankfort Avenue	
		□Federal
City, State, Zip:	Louisville, KY 40206	□Other:
		Subrecipient:
KDE Contact Information		Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	Markland of Downson
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	⊠Automatic Payment
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐ Receipt of Invoice from Vendor
MOA Number:	N/A	Daimhant Francisco
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
7. [ . [/ ] .[	704 KAR 3.285 TUCKV Depar	□Quarterly
Grant Authority (Source):	704 KAR 3.285	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tolleadity Dopoli	Financial Reporting Method:
		⊠ Electronic Submission CDIP Reports
Award Amount: \$ 20,171		Other:
Period of Award:		□otner:
		Evaluations: Each program will be evaluated pe
July 1, 2025-June 30, 2026		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	,

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director

Name and Address of Recipient		Fund Type:
Agency Name:	Kentucky School For The Deaf.	⊠State
Street Address:	PO Box 27	□Federal
City, State, Zip:	Danville, KY 40423	□Other:
		Subrecipient:
KDE Contact Information		□ Yes
Program Consultant:	Lynn Lockard-(502) 564-4970 x4115.	⊠ No
Street Address:	300 Sower Blvd-4 <sup>th</sup> Floor	
Budget Contact:	Kristin Burton-(502) 564-1979 x4346	Research and Development:
Street Address:	300 Sower Blvd5 <sup>th</sup> Floor.	☐ Yes
City, State Zip:	Frankfort, KY 40601	⊠ No
Description/Fund Source of Awar	d and Fiscal Year:	
Description:	FY26-Gifted & Talented.	Method of Payment
Federal Award Date:	N/A	☐ Federal Cash Request
Federal Agency:	N/A.	☐ Expenditure Reimbursement
ALN#:	N/A	
PR/AWARD NUMBER (FAIN):	N/A	☐Lump Sum
MUNIS Project Number:	130M	☐Receipt of Invoice from Vendor
MOA Number:	N/A	Delively was and Foreign and
Pass-through Number:	N/A	Reimbursement Frequency:
Restricted Indirect Cost Rate:	N/A.	☐Monthly
	704 KAR 3.285 TUCKV Depar	□Quarterly
Grant Authority (Source):	704 KAR 3.285	⊠Other: 1 <sup>st</sup> & 3 <sup>rd</sup> Quarters
	Tolleadity Dopoli	Financial Reporting Method:
		⊠Electronic Submission CDIP Reports
Award Amount: \$ 20,249		Other:
Period of Award:		Lottler:
July 1, 2025-June 30, 2026		Evaluations: Each program will be evaluated pe
July 1, 2023-Julie 30, 2020		specific program guidelines to be disseminated
		by KDE Program Contacts.
Consortia/Partnership Members:	N/A	

**Special Instructions/Conditions:** Seventy-Five (75) percent of a district's Gifted Education allocation shall be used to employ properly certified personnel to provide direct instructional services. [704 KAR 3:285, Section 9 (1)].

**Date:** July 1, 2025

Authorized By (Name, Title): Veronica Sullivan, Director