1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Anderson County		⊠State
	Street Address:	1160 Bypass North	r i d	□Federal
	City, State, Zip:	Lawrenceburg, KY 40342		□Other:
				18.
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.11.1		☐ Receipt of Invoice from Vendor
3.	Description/Fun Source of Awar	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		Zincscipt of invoice from ventor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	J.	□ Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*2974		⊠Other:
_				Zi Circi.
4.	Grant Authority (Source): KRS	158.792	10	Financial Reporting Method:
5.	Award Amount: \$141600	th agai	10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 30	···, 2021		Other:
				Liother.
			11	Evaluations:
			11.	[Enter data here]
				[Enter data here]
			11°	
				1.1
Special	Instructions/Conditions: 1st quart	er payment is held until district assurance staten	ments are co	impleted correctly and submitted to KDE. 3rd quarter payment should be
-		ments and receipt of properly reported CDIP rep		, , , , , , , , , , , , , , , , , , , ,
	, , , , , , , , , , , , , , , , , , , ,	The second secon		
	Authorized By (Name/Title): Kri	sta Hall, Director of Program Standards		Date: August 26 th , 2020
			at	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Ashland Independent		⊠State
	Street Address:	1820 Hickman St. P.O. Box 3000	10	□Federal
	City, State, Zip:	Ashland, KY 41105-3000		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
				Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	~		The celebrat invoice from vendor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	Э.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3224		⊠Other:
				Motiler.
4.	Grant Authority (Source): KRS 1	.58.792	10	Financial Reporting Method:
5.	Award Amount: \$94400		10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 30	", <mark>2021</mark>		Other:
				Dottler.
			11	Evaluations:
			11.	[Enter data here]
				[Litter data nere]
			10	
				1.1
Special	Instructions/Conditions: 1st quarte	er navment is held until district assurance statemen	ts are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-		ments and receipt of properly reported CDIP report.		impleted someonly and submitted to NSE. 313 quarter payment should be
iicia aii	in completion of find year require.	ments and receipt of property reported early reports	•	
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		duc		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Augusta Independent		⊠State
	Street Address:	307 Bracken St.	10	□Federal
	City, State, Zip:	Augusta, KY 41002		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
	A	01.11		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	~		
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	•	□Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3230		⊠Other:
_	0 10 11 11 10 1	50 702		Boulett
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Reporting Method:
5.	Award Amount: \$47200	2021	_0.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 30th	, 2021		Other:
				2 other.
			11.	Evaluations:
				[Enter data here]
				[and sala nata]
		Our Court		
		Commonweal		-1+h
Special	Instructions/Conditions: 1st quarte	r payment is held until district assurance statements a	are c	ompleted correctly and submitted to KDE. 3rd quarter payment should be
held un	til completion of mid-year requirem	nents and receipt of properly reported CDIP report.		
	Authorized By (Name/Title): Krist	ta Hall, Director of Program Standards		Date: August 26 th , 2020
		Educa		
		7410		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Ballard County		⊠State
	Street Address:	3465 Puducah Rd.	10	□Federal
	City, State, Zip:	Barlow, KY 42024		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		□ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		CAMA		Receipt of Invoice from Vendor
3.	Description/Fun Source of Awar	~		Encept of invoice from vendor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٥.	□Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3231		☑ Other:
_		450 700		es other.
4.	• •	158.792	10	Financial Reporting Method:
5.	Award Amount: \$47200	oth 2024	10.	☑ Electronic Submission
6.	Period of Award: July 1st-June 30	J ^{III} , 2021		Other:
				Doulet.
			11	Evaluations:
				[Enter data here]
		0		[Effect data field]
				-141
Special	Instructions/Conditions: 1st quart	er payment is held until district assurance statements	s are c	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-	-	ments and receipt of properly reported CDIP report.		
	Authorized By (Name/Title): Kri	sta Hall, Director of Program Standards		Date: August 26 th , 2020

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Barren County		⊠State
	Street Address:	202 W. Wshington St		□Federal
	City, State, Zip:	Glasgow, KY 42141		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.11.1		□ Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Theselpt of invoice from ventor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	J.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3252		⊠Other:
				Motifer.
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Reporting Method:
5.	Award Amount: \$330400		10.	⊠ Electronic Submission
6.	Period of Award: July 1 st -June 30 ^t	', 2021		Other:
				Liother:
			11	Evaluations:
			11.	[Enter data here]
				[Effet data fiere]
		()11	1	
			_	4.4
Special	Instructions/Conditions: 1st quarte	r navment is held until district assurance stateme	ents are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
•	·	nents and receipt of properly reported CDIP repo		impleted correctly and submitted to RDE. Staquarter payment should be
neia an	th completion of find-year requirem	ients and receipt of property reported ebit repo	· · · · · · · · · · · · · · · · · · ·	
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
		Educ		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Bell County		⊠State
	Street Address:	211 Virginia Ave. P.O. Box 340		□Federal
	City, State, Zip:	Pineville, KY 40977		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.11.1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Encecipt of invoice from vendor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	3.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3253		⊠Other:
				Motiler.
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Reporting Method:
5.	Award Amount: \$47200		10.	⊠ Electronic Submission
6.	Period of Award: July 1 st -June 30 ^t	", 2021		Other:
				Dottler.
			11	Evaluations:
			11.	[Enter data here]
				[Litter data here]
				1.1
Special	Instructions/Conditions: 1st quarte	r navment is held until district assurance statement	ts are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-	The state of the s	nents and receipt of properly reported CDIP report.		impleted soff configuration and submitted to his 21 sta quarter payment should be
neid dir	an completion of this year requirer	nemes and receipt of property reported obsiste reports		
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

1.	Name and Address of Recipie	ent	7.	Fund Type:	
	Agency Name:	Boone County		⊠State	
	Street Address:	8330 U.S. 42		□Federal	
	City, State, Zip:	Florence, KY 41042	- Post	□Other:	
				18 (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	
2.	KDE Contact Information				
	Program Consultant:	Whitney Hamilton	8.	Method of Payment	
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request	
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement	
	Street Address:	300 Sower Blvd.			
	City, State Zip:	Frankfort, KY 40601		□Lump Sum	
		01 11 1		Receipt of Invoice from Vendor	
3.	Description/Fun Source of Av		en.	Encoupe of invoice from vendor	
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:	
	Fund Source:	General Fund	J.	□Monthly	
	MUNIS Project Number:	182G		Quarterly	
	MOA Number:	20*3272		⊠ Other:	
_				2 other.	
4.		RS 158.792	10	Financial Reporting Method:	
5.	Award Amount: \$141600	acth acca	10.	☐ Electronic Submission	
6.	Period of Award: July 1st-June	2 30", 2021		Other:	
				Dottler.	
			11	Evaluations:	
			11.	[Enter data here]	
				[Litter data here]	
			Ullt		
				1.1	
Special	Instructions/Conditions: 1st qu	arter navment is held until district assuran	nce statements are co	ompleted correctly and submitted to KDE. 3rd quarter payment should	l he
-		irements and receipt of properly reported		ompleted confectly and submitted to No.1. on quarter payment should	
nera an	an completion of this year requ	mements and receipt of property reported	. com report.		
	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: August 26 th , 2020	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			ucat		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Bourbon County		⊠State
	Street Address:	3343 Lexington Rd.		□Federal
	City, State, Zip:	Paris, KY 40361		□Other:
				1 1 1 1 1 1 1 1 1 1
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		01.11		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	~		
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3273		⊠Other:
	Count Authority (Counce). VDC 1	FQ 702		
4.	Grant Authority (Source): KRS 1	58.792	10.	Financial Reporting Method:
5.	Award Amount: \$141600 Period of Award: July 1 st -June 30 ^t	2021		⊠ Electronic Submission
6.	Period of Award: July 1*-June 30*	, 2021		□Other:
				_ outer.
			11.	Evaluations:
				[Enter data here]
				(and and here)
		Our Court		
		Commons		-1+L
Special	Instructions/Conditions: 1st quarte	r payment is held until district assurance statements	are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
held un	til completion of mid-year requiren	nents and receipt of properly reported CDIP report.		
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
		duca		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Bowling Green Ind.		⊠State
	Street Address:	1211 Center St.		□Federal
	City, State, Zip:	Bowling Green, KY 42101		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
_		7 Ol. 11.1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		Monthly
	MUNIS Project Number: MOA Number:	182G 20*3274		Quarterly
	MOA Number.	20*5274		⊠Other:
4.	Grant Authority (Source): KRS 1	58 792		
4. 5.	Award Amount: \$94400	38.792	10.	Financial Reporting Method:
6.	Period of Award: July 1st-June 30th	2021		⊠ Electronic Submission
0.	Teriod of Award, July 1 Julie 30	, 2021		□Other:
			11.	Evaluations:
				[Enter data here]
			•	
		Our		
		Common	T 7.6	alth American
-	•			ompleted correctly and submitted to KDE. 3rd quarter payment should be
held un	til completion of mid-year requiren	nents and receipt of properly reported CDIP report.	,	
	Authorized By (Name /Title), Vrice	ta Hall, Director of Program Standards		Date: August 26 th , 2020
	Authorized by (Name, Title). Kits	ta Hall, Director of Program Standards		Date: August 26 th , 2020
			- 4	
		YULC		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Boyle County		⊠State
	Street Address:	352 N. Danville By-Pass		□Federal
	City, State, Zip:	Danville, KY 40422		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		⊠ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		01.111		□ Receipt of Invoice from Vendor
3.	Description/Fun Source of Awar	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		The celebrat mone from vendor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	5.	□Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3283		⊠Other:
_				zouici.
4.	, ,	158.792	10	Financial Reporting Method:
5.	Award Amount: \$47200	ath again	10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 30	J ^{III} , 2021		Other:
				Louier.
			11	Evaluations:
				[Enter data here]
				[Litter data here]
			ur e	
				1.1
Special	Instructions/Conditions: 1st quart	er payment is held until district assurance state	ements are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-	- 1	ments and receipt of properly reported CDIP re		and the second s
	cop.ca.c ca year require		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Authorized By (Name/Title): Kri	sta Hall, Director of Program Standards		Date: August 26 th , 2020
	,, , ,			
			cat	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Breathitt County		⊠State
	Street Address:	420 Court St. P.O Box	4 6 27	□Federal
	City, State, Zip:	Jackson, KY 41339		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		01.11.1		□ Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			The copy of invoice from ventor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	Э.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3285		⊠Other:
				Mountain.
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Reporting Method:
5.	Award Amount: \$141600		10.	⊠ Electronic Submission
6.	Period of Award: July 1 st -June 30 ^t	", 2021		□Other:
				Liother.
			11	Evaluations:
			11.	[Enter data here]
				[Litter data nere]
		()11	r	
				1.1
Special	Instructions/Conditions: 1st quarte	r navment is held until district assurance stateme	ents are co	impleted correctly and submitted to KDE. 3rd quarter payment should be
-	The state of the s	nents and receipt of properly reported CDIP repor		impleted soff early and submitted to RBE. Staquarter payment should be
ricia arr	in completion of this year requirer	rems and receipt of property reported early repor		
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
	,			
		educ		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Bullitt County		⊠State
	Street Address:	1040 Hwy 44 E	4 1 2	□Federal
	City, State, Zip:	Shepherdsville, KY 40165		□Other:
				18.
2.	KDE Contact Information	Chicago		
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		01.41.1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			The celebrat invoice from vehicle
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	J.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3309		⊠Other:
				Mountain.
4.	Grant Authority (Source): KRS 1	.58.792	10	Financial Reporting Method:
5.	Award Amount: \$424800		10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 30	", <mark>2021</mark>		□Other:
				Liother.
			11	Evaluations:
			11.	[Enter data here]
				[Litter data nere]
			r	
				1.1
Special	Instructions/Conditions: 1st quarte	er navment is held until district assurance stateme	ents are co	impleted correctly and submitted to KDE. 3rd quarter payment should be
-	· · · · · · · · · · · · · · · · · · ·	nents and receipt of properly reported CDIP repor		impleted confectly and submitted to RDE stagastic payment should be
neid dir	an completion of find year require.	ments and rescript of property reported estimates		
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		Till.		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Burgin Independent		⊠State
	Street Address:	140 Danville Rd. P.O. Box B		□Federal
	City, State, Zip:	Burgin, KY 40310		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		Automatic Payment
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.11		Receipt of Invoice from Vendor
3.	Description/Fun Source of Awa			Zinecept of invoice from vendor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	J.	□Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3330		⊠Other:
_				S other.
4.	, ,	158.792	10	Financial Reporting Method:
5.	Award Amount: \$47200	ath again	10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 3	0 ¹¹ , 2021		Other:
				Dottler.
			11	Evaluations:
			11.	[Enter data here]
				[Litter data here]
			ur	
				1.1
Special	Instructions/Conditions: 1st quar	ter payment is held until district assurance state	rements are co	ompleted correctly and submitted to KDE. 3rd quarter payment should b
-		ements and receipt of properly reported CDIP re		5 mp. 5 cm 5 c
	compressor or many car require	, reperted est		
	Authorized By (Name/Title): Kr	ista Hall, Director of Program Standards		Date: August 26 th , 2020
	,, , ,			
			cat	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Calloway County		⊠State
	Street Address:	2110 College Farm Rd P.O. Box 800		□Federal
	City, State, Zip:	Murray, KY 42071		□Other:
				10.
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
				Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Theceipt of invoice from vehiclo
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	9.	Monthly
	MUNIS Project Number:	182G		·
	MOA Number:	20*3331		☐ Quarterly ☐ Other:
				Dother:
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Deposition Matheda
5.	Award Amount: \$141600		10.	Financial Reporting Method:
6.	Period of Award: July 1st-June 30t	^h , <mark>2021 </mark>		☑ Electronic Submission
				□ Other:
			11.	Evaluations:
				[Enter data here]
		()111		
		Our		
		La Common	X7E	ealth a Array was a second and
-	The state of the s		are c	ompleted correctly and submitted to KDE. 3rd quarter payment should be
neia un	til completion of mid-year requiren	nents and receipt of properly reported CDIP report.		
	Authorized Du/Norse/Title). Kris	to Hall Diverton of Dungways Standards		Date: August 20th 2020
	Authorized by (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
		educa		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Campbell County		⊠State
	Street Address:	101 Orchard Ln	7	□Federal
	City, State, Zip:	Akexandria, KY 41001		□Other:
2.	KDE Contact Information	C		
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		□ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
				Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Theceipt of invoice from vehicle
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٦.	□Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3332		☑ Other:
				Other.
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Reporting Method:
5.	Award Amount: \$94400		10.	☐ Electronic Submission
6.	Period of Award: July 1st-June 30th	, 2021		
				□ Other:
			11	Evaluations:
			11.	[Enter data here]
		O		[Litter data riere]
		Our Contract of the contract o		
				1.1
Special	Instructions/Conditions: 1st quarte	r payment is held until district assurance statements	are c	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-	The state of the s	nents and receipt of properly reported CDIP report.		
	, , , , , , , , , , , , , , , , , , , ,	the property of the same of th		
	Authorized By (Name/Title): Krist	ta Hall, Director of Program Standards		Date: August 26 th , 2020
		Educa	Y	
		4000		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Campbellsville Ind		⊠State
	Street Address:	136 S. Columbia Ave.		□Federal
	City, State, Zip:	Campbellsville, KY 42718		□Other:
2.	KDE Contact Information	Christian		
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.11.1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	~		Encecipt of invoice from vendor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	3.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3333		⊠Other:
				Motiler.
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Reporting Method:
5.	Award Amount: \$47200		10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 30th	', 2021		Other:
				Dottler.
			11	Evaluations:
			11.	[Enter data here]
				[Litter data here]
				1.1
Special	Instructions/Conditions: 1et quarte	r navment is held until district assurance statement	ts are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-	· · · · · · · · · · · · · · · · · · ·	nents and receipt of properly reported CDIP report.		impleted soff configuration and submitted to his 21 sta quarter payment should be
neid dir	in completion of this year requirem	ients and receipt of property reported ob it reports		
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
	,, , ,			

1.	Name and Address of Recipien	t	7.	Fund Type:	
	Agency Name:	Carlisle County		⊠State	
	Street Address:	4557 State Rt. 1377	A 1 74 F 2	□Federal	
	City, State, Zip:	Bardwell, KY 42023		□Other:	
2.	KDE Contact Information				
	Program Consultant:	Whitney Hamilton	8.	Method of Payment	
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request	
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement	
	Street Address:	300 Sower Blvd.			
	City, State Zip:	Frankfort, KY 40601		□Lump Sum	
		01.11		Receipt of Invoice from Vendor	
3.	Description/Fun Source of Awa		7.	Zinesept of intoice from Vendor	
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:	
	Fund Source:	General Fund		□Monthly	
	MUNIS Project Number:	182G		Quarterly	
	MOA Number:	20*3334		⊠ Other:	
_				25 Others	
4.		S 158.792	10	Financial Reporting Method:	
5.	Award Amount: \$47200	20th 2024	10.	⊠ Electronic Submission	
6.	Period of Award: July 1st-June 3	30", 2021		Other:	
				Doulet.	
			11.	Evaluations:	
			11.	[Enter data here]	
			0	[Effect data fiere]	
			Jur		
				- 1.1.	
Special	Instructions/Conditions: 1st qua	rter payment is held until district assurance	statements are co	ompleted correctly and submitted to KDE. 3rd quarter payment should l	эe
-	· · · · · · · · · · · · · · · · · · ·	rements and receipt of properly reported CD			
			·		
	Authorized By (Name/Title): k	rista Hall, Director of Program Standards		Date: August 26 th , 2020	
			1001		
			icat		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Carter County		⊠State
	Street Address:	228 S. Carol Malone Blvd.	10	□Federal
	City, State, Zip:	Grayson, KY 41143		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.41.1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Theceipt of invoice from vehiclo
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	9.	Monthly
	MUNIS Project Number:	182G		
	MOA Number:	20*3335		☐ Quarterly ☐ Other:
				∆Other:
4.	Grant Authority (Source): KRS 1	58.792	10	Financial December 84 at head
5.	Award Amount: \$283200		10.	Financial Reporting Method:
6.	Period of Award: July 1st-June 30t	¹ , 2021		☑ Electronic Submission
				□Other:
			11.	Evaluations:
				[Enter data here]
		()11*		
		Our		
	: /0 !::: 1	Common	X76	alth deligations
-	•	• •	s are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
neia un	til completion of mid-year requiren	nents and receipt of properly reported CDIP report.		
	Authorized Du (Nome / Title). Knie	to Hall Diverton of Dunavan Standards		Date: August 20th 2020
	Authorized by (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
		Educa		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Casey County		⊠State
	Street Address:	1922 N. US 127	10	□Federal
	City, State, Zip:	Liberty, KY 42539		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.11.1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Zheselpe of mivolee from Vendor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	3.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3343		⊠Other:
_				Somer.
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Reporting Method:
5.	Award Amount: \$47200	2004	10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 30t	", 2021		Other:
				Doner.
			11	Evaluations:
				[Enter data here]
		0		[Enter data here]
				1.1
Special	Instructions/Conditions: 1st quarte	r payment is held until district assurance statemen	ts are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-	The state of the s	nents and receipt of properly reported CDIP report.		,
	, , , , , , , , , , , , , , , , , , , ,	The state of the s		
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
			n f	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Caverna Independent		⊠State
	Street Address:	1102 N. Dixie Hwy		□Federal
	City, State, Zip:	Cave City, KY 42127		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		01.111		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3346		⊠Other:
_	a	TO 700		2 other.
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Reporting Method:
5.	Award Amount: \$47200	2024	10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 30th	", 2021		Other:
				Douler.
			11	Evaluations:
			11.	[Enter data here]
		O		[Effect data fiere]
		Our Our		
				1,1
Special	Instructions/Conditions: 1st quarte	r payment is held until district assurance statements	are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-	The state of the s	nents and receipt of properly reported CDIP report.		
	compressor or many car requirement	The analysis property reported 62 in reports		
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		901100		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Christian County		⊠State
	Street Address:	200 Glass St. P.O. Box 609	10	□Federal
	City, State, Zip:	Hopkinsville, KY 42240		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.11.1		□ Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	~		Encocipe of invoice from ventor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	3.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3350		⊠Other:
_				Ziottici.
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Reporting Method:
5.	Award Amount: \$283200	2004	10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 30t	', 2021		Other:
				Louier.
			11	Evaluations:
				[Enter data here]
		0		[Enter data here]
			-	
				1.1
Special	Instructions/Conditions: 1st quarte	r payment is held until district assurance statement	ts are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-	The state of the s	nents and receipt of properly reported CDIP report.		,,,,,,,,
	, , , , , , , , , , , , , , , , , , , ,	the second control of		
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Clark County		⊠State
	Street Address:	1600 W. Lexington Ave	74 1 27	□Federal
	City, State, Zip:	Winchester, KY 40391		□Other:
				18.
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		01.41		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Eneceipt of invoice from vendor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	J.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3369		⊠Other:
				MOUNCE.
4.	Grant Authority (Source): KRS 1	.58.792	10	Financial Reporting Method:
5.	Award Amount: \$94400		10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 30	", <mark>2021</mark>		Other:
				Dottler.
			11	Evaluations:
			11.	[Enter data here]
				[Litter data nere]
			11"	
				1.1
Special	Instructions/Conditions: 1st quarte	er navment is held until district assurance statem	nents are co	impleted correctly and submitted to KDE. 3rd quarter payment should be
-		nents and receipt of properly reported CDIP rep		impleced confectly and submitted to his 21 staquarter payment should be
ricia arr	in completion of find year require.	ments and receipt of property reported obilites	010	
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
	,, , ,			
			at	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Clay County		⊠State
	Street Address:	128 Richmond Rd.	12	□Federal
	City, State, Zip:	Manchester, KY 40962		□Other:
				1 1 1 1 1 1 1 1 1 1
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		01.11		Receipt of Invoice from Vendor
3.	Description/Fun Source of Awar			
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3370		⊠Other:
	Count Authority (Council) KDC	150 703		
4.	Grant Authority (Source): KRS 1	158.792	10.	Financial Reporting Method:
5.	Award Amount: \$330400 Period of Award: July 1st-June 30	th 2021		⊠ Electronic Submission
6.	Period of Award: July 19-Julie 30	", 2021		□Other:
				_ outer.
			11.	Evaluations:
				[Enter data here]
				(and and he of
		Our Our		
		Common		-1+L
Special	Instructions/Conditions: 1st quarte	er payment is held until district assurance statements	are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
held un	til completion of mid-year require	ments and receipt of properly reported CDIP report.		
	Authorized By (Name/Title): Kris	sta Hall, Director of Program Standards		Date: August 26 th , 2020

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Clinton County		⊠State
	Street Address:	2353 Business, 127 North		□Federal
	City, State, Zip:	Albany, KY 42602		□Other:
				10.
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		04.84.4		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Theceipt of invoice from vendor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	9.	Monthly
	MUNIS Project Number:	182G		
	MOA Number:	20*3379		☐ Quarterly ☐ Other:
				Auther:
4.	Grant Authority (Source): KRS 1	.58.792	10	Figure del Describe Marked
5.	Award Amount: \$47200		10.	Financial Reporting Method:
6.	Period of Award: July 1st-June 30	^h , 2021		⊠ Electronic Submission
				□Othe <mark>r:</mark>
			11.	Evaluations:
				[Enter data here]
		()11	10	
		Ou.		
		Common		alth A complete a complete
-	· · · · · · · · · · · · · · · · · · ·			mpleted correctly and submitted to KDE. 3rd quarter payment should be
neia uni	til completion of mid-year requirer	nents and receipt of properly reported CDIP repor	rt.	
	Authorized By (Nome /Title), Kris	to Hall Director of Drogram Standards		Date: August 26 th , 2020
	Authorized by (Name/Title): Kris	ta Hall, Director of Program Standards		
		Educ		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Corbin Independent		⊠State
	Street Address:	108 Roy Kidd		□Federal
	City, State, Zip:	Corbin, KY 40701		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		01.11.1		□ Receipt of Invoice from Vendor
3.	Description/Fun Source of Awar			Theselpt of invoice from vendor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	J.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3380		⊠Other:
_				Ziotner.
4.	• ` `	158.792	10	Financial Reporting Method:
5.	Award Amount: \$47200	th agai	10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 30	, 2021		Other:
				Louier.
			11	Evaluations:
			11.	[Enter data here]
				[Litter data nere]
			11"	
				1.1
Special	Instructions/Conditions: 1st quart	er payment is held until district assurance statem	ents are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-		ments and receipt of properly reported CDIP repo		
	cop.co.c ca year require	and receipt or property reported e.z repo		
	Authorized By (Name/Title): Kri	sta Hall, Director of Program Standards		Date: August 26 th , 2020
	,, , ,			
			at	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Covington Independent		⊠State
	Street Address:	25 E. Seventh St		□Federal
	City, State, Zip:	Covington, KY 41011		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
				□ Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			The celebrat invoice from vendor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	3.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3851		⊠Other:
				Motifer.
4.	Grant Authority (Source): KRS 1	.58.792	10	Financial Reporting Method:
5.	Award Amount: \$141600		10.	⊠ Electronic Submission
6.	Period of Award: July 1 st -June 30 ^t	["] , 2021		Other:
				Liotiler.
			11	Evaluations:
			11.	[Enter data here]
				[Litter data nere]
			•	
				1.1
Special	Instructions/Conditions: 1st quarte	er navment is held until district assurance statemen	nts are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-	· · · · · · · · · · · · · · · · · · ·	ments and receipt of properly reported CDIP report		impleted soff cotty and submitted to NSE. 518 quarter payment should be
iicia aii	an completion of find year require.	nents and receipt of properly reported earl report		
	Authorized By (Name/Title): Kris	sta Hall, Director of Program Standards		Date: August 26 th , 2020
	,, ,			
		educ		

1.	Name and Address of Recipient		7.	Fund Type:			
	Agency Name:	Crittenden County		⊠State			
	Street Address:	601 W. Elm St		□Federal			
	City, State, Zip:	Marion, KY 42064		□Other:			
2.	KDE Contact Information						
	Program Consultant:	Whitney Hamilton	8.	Method of Payment			
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request			
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement			
	Street Address:	300 Sower Blvd.					
	City, State Zip:	Frankfort, KY 40601		□Lump Sum			
		01.11.1		□ Receipt of Invoice from Vendor			
3.	Description/Fun Source of Award	~		Zheselpe of mivolee from Vendor			
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:			
	Fund Source:	General Fund		Monthly			
	MUNIS Project Number:	182G		Quarterly			
	MOA Number:	20*3381		⊠Other:			
_		TO 700		2 other.			
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Reporting Method:			
5.	Award Amount: \$47200	2024	10.	⊠ Electronic Submission			
6.	Period of Award: July 1st-June 30t	, 2021		Other:			
				Doner.			
			11.	Evaluations:			
				[Enter data here]			
				[Enter data here]			
				-1.1			
Special	Instructions/Conditions: 1st quarte	r payment is held until district assurance statement	ts are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be			
-	· · · · · · · · · · · · · · · · · · ·	nents and receipt of properly reported CDIP report.					
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020			

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Cumberland County		⊠State
	Street Address:	810 N. Main St	4 6 27	□Federal
	City, State, Zip:	Burkesville, KY 42717		□Other:
				10.
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.11.1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	~		Zincocipt of invoice from vendor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٥.	□ Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3387		⊠Other:
_				Zi Circi.
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Reporting Method:
5.	Award Amount: \$47200	2.0004	10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 30th	', 2021		Other:
				Liother.
			11	Evaluations:
				[Enter data here]
		0		[Effect data fiere]
			ľ	
				- 1/1
Special	Instructions/Conditions: 1st quarte	r payment is held until district assurance stateme	nts are co	impleted correctly and submitted to KDE. 3rd quarter payment should be
-	The state of the s	nents and receipt of properly reported CDIP repor		
	. , , .			
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
			al	

1.	Name and Address of Recipient		7.	Fund Type:			
	Agency Name:	Danville Independent		⊠State			
	Street Address:	152 E. Martin Luther King Blvd.	12	□Federal			
	City, State, Zip:	Danville, KY 40422		□Other:			
				18.			
2.	KDE Contact Information						
	Program Consultant:	Whitney Hamilton	8.	Method of Payment			
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request			
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement			
	Street Address:	300 Sower Blvd.					
	City, State Zip:	Frankfort, KY 40601		Lump Sum			
		01.11		Receipt of Invoice from Vendor			
3.	Description/Fun Source of Award	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~					
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:			
	Fund Source:	General Fund	•	Monthly			
	MUNIS Project Number:	182G		Quarterly			
	MOA Number:	20*3388		⊠Other:			
_		50.700		2 other.			
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Reporting Method:			
5.	Award Amount: \$47200	h 2024	10.	⊠ Electronic Submission			
6.	Period of Award: July 1st-June 30t	", 2021		Other:			
				Doner.			
			11	Evaluations:			
			11.	[Enter data here]			
		O		[Effect data field]			
		Our					
				1,1			
Special	Instructions/Conditions: 1st quarte	r payment is held until district assurance statements	are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be			
-	The state of the s	nents and receipt of properly reported CDIP report.					
	, , ,						
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020			
	ducatio						

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Daviess County		⊠State
	Street Address:	1622 Southeastern Pkwy., P.O. Box		□Federal
	21510			□ Other:
	City, State, Zip:	Owensboro, KY 42304		
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Whitney Hamilton		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		☐ Expenditure Reimbursement
	Budget Contact:	Leesa Unger		
	Street Address:	300 Sower Blvd.		□Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		' √ Children		The ceipt of invoice from vendor
3.	Description/Fun Source of Awar	d and Fiscal Year:	9.	Reimbursement Frequency:
	Description:	FY21 Read to Achieve Grant	5.	Monthly
	Fund Source:	General Fund		Quarterly
	MUNIS Project Number:	182G		☑Other:
	MOA Number:	20*3891		∆other:
			10	Financial Departing Mathed
4.	Grant Authority (Source): KRS	158.792	10.	Financial Reporting Method:
5.	Award Amount: \$236000			☑ Electronic Submission
6.	Period of Award: July 1st-June 30	th , <mark>2021</mark>		□Othe <u>r:</u>
			11.	Evaluations:
				[Enter data here]
			1111	
			<i>-</i> LLI	
Cuasial	Instructions /Conditions, 1, quart	or naumont is hold until district assurance st	αmwe	ampleted correctly and submitted to VDE 2 covertor neumant should be
				ompleted correctly and submitted to KDE. 3rd quarter payment should be
neia un	til completion of mid-year require	ments and receipt of properly reported CDII	P report.	
	Authorized By (Name/Title): Kri	sta Hall, Director of Program Standards		Date: August 26 th , 2020
	Authorized by (Name, Title). Kil			
			cat	

1.	Name and Address of Recipien	nt	7.	Fund Type:
	Agency Name:	Elliott County		⊠State
	Street Address:	Main St, Courthouse Square, P.O. Box	10	□Federal
	767			□Other:
	City, State, Zip:	Sandy Hook, KY 41171		
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Whitney Hamilton		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		☐ Expenditure Reimbursement
	Budget Contact:	Leesa Unger		
	Street Address:	300 Sower Blvd.		□Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		Children.		Theceipt of invoice from vehiclo
3.	Description/Fun Source of Awa	ard and Fiscal Year:	9.	Reimbursement Frequency:
	Description:	FY21 Read to Achieve Grant	9.	Monthly
	Fund Source:	General Fund		Quarterly
	MUNIS Project Number:	182G		☑ Other:
	MOA Number:	20*3892		∆Other:
			10	Financial Reporting Method:
4.	Grant Authority (Source): KR	S 158.792	10.	Electronic Submission
5.	Award Amount: \$94400			
6.	Period of Award: July 1st-June 3	30 th , 2021		□Other:
			11	Evaluations:
			11.	
				[Enter data here]
		()111		
Special	Instructions/Conditions: 1. gua	rtor nayment is held until district assurance statements	aro c	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-		rements and receipt of properly reported CDIP report.	areci	ompleted correctly and submitted to RDL. 3rd quarter payment should be
neia un	tii completion oi mid-year requir	rements and receipt of properly reported CDIP report.		
	Authorized By (Name/Title): K	Crista Hall, Director of Program Standards		Date: August 26 th , 2020
	Authorized by (Name, Title).	dista Hall, Director of Frogram Standards		Date: August 20 , 2020

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Estill County		⊠State
	Street Address:	253 Main St, P.O. Box 930		□Federal
	City, State, Zip:	Irvine, KY 40336		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		01.11.1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Theceipt of invoice noin vendor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	9.	Monthly
	MUNIS Project Number:	182G		·
	MOA Number:	20*3389		☐ Quarterly ☐ Other:
				\times Other:
4.	Grant Authority (Source): KRS 1	.58.792	10	Figure 1 Deposition Markey
5.	Award Amount: \$47200		10.	Financial Reporting Method:
6.	Period of Award: July 1st-June 30	h, 2021		☑ Electronic Submission
				□Othe <mark>r:</mark>
			11.	Evaluations:
				[Enter data here]
		()11:	10	
		La Common	TATO	alth "Alter were a constitution
-	· · · · · · · · · · · · · · · · · · ·			empleted correctly and submitted to KDE. 3rd quarter payment should be
neia uni	til completion of mid-year requirer	nents and receipt of properly reported CDIP repor	τ.	
	Authorized By (Nome / Title). Kris	to Hall Director of Drogram Standards		Date: August 26 th , 2020
	Authorized by (Name/Title): Kris	ta Hall, Director of Program Standards		
		educ		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Fayette County		⊠State
	Street Address:	701 E. Main St		□Federal
	City, State, Zip:	Lexington, KY 40505		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		01.11		Receipt of Invoice from Vendor
3.	Description/Fun Source of Awa			Zheoeipe of invoice from vendor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3497		⊠Other:
_		450 500		2 other.
4.	Grant Authority (Source): KRS	158.792	10	Financial Reporting Method:
5.	Award Amount: \$1227200	oth 2024	10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 3	0", 2021		Other:
				Doner.
			11.	Evaluations:
			11.	[Enter data here]
				[Enter data here]
			ur -	
				-14
Special	Instructions/Conditions: 1st quar	ter payment is held until district assurance stat	tements are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-	· · · · · · · · · · · · · · · · · · ·	ements and receipt of properly reported CDIP r		
	, , ,		•	
	Authorized By (Name/Title): Ki	ista Hall, Director of Program Standards		Date: August 26 th , 2020
			cat	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Fleming County		⊠State
	Street Address:	211 W. Water St.	PA FO	□Federal
	City, State, Zip:	Flemingsburg, KY 41041		□Other:
				10.
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.11.1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Awar	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		The celebrat invoice from vehicle
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	J.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3404		⊠Other:
				MOUNCE.
4.	Grant Authority (Source): KRS	.58.792	10	Financial Reporting Method:
5.	Award Amount: \$47200		10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 30	, 2021		Other:
				□otilet.
			11	Evaluations:
			11.	[Enter data here]
				[Litter data fiere]
				1.1
Special	Instructions/Conditions: 1st quarte	er payment is held until district assurance state	ments are co	impleted correctly and submitted to KDE. 3rd quarter payment should be
-	· · · · · · · · · · · · · · · · · · ·	ments and receipt of properly reported CDIP re		inspected content, and continued to the insert of payment of the
	compression or ima year require.	Tellis and receipt of property reported of it	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Authorized By (Name/Title): Kris	sta Hall, Director of Program Standards		Date: August 26 th , 2020
	,, , ,			

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Floyd County		⊠State
	Street Address:	106 N. Front Ave.		□Federal
	City, State, Zip:	Prestonsburg, KY 41653		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		01.11		Receipt of Invoice from Vendor
3.	Description/Fun Source of Awar	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		□Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3884		⊠Other:
	Cuant Authority (Course). KDC	150,703		
4.	Grant Authority (Source): KRS	158.792	10.	Financial Reporting Method:
5.	Award Amount: \$188800	th 2021	-0.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 30	7, 2021		□Other:
				2 Strict.
			11.	Evaluations:
				[Enter data here]
			40	
		Ou.	I	
		Common		-14h
Special	Instructions/Conditions: 1st quart	er payment is held until district assurance stateme	ents are co	empleted correctly and submitted to KDE. 3rd quarter payment should be
held un	til completion of mid-year require	ments and receipt of properly reported CDIP repor	rt.	
	Authorized By (Name/Title): Kri	sta Hall, Director of Program Standards		Date: August 26 th , 2020
			21	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Franklin County		⊠State
	Street Address:	190 Kings Daughters Dr. #300	4 F 27	□Federal
	City, State, Zip:	Franfort, KY 40601		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		01.11.1		□ Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Theodipt of invoice from vendor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	Э.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3885		⊠Other:
				Mountain.
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Reporting Method:
5.	Award Amount: \$188800		10.	⊠ Electronic Submission
6.	Period of Award: July 1 st -June 30 ^t	", <mark>2021</mark>		Other:
				Liotiler.
			11	Evaluations:
			11.	[Enter data here]
				[Linter data nere]
			r	
				1.1
Special	Instructions/Conditions: 1st quarte	r payment is held until district assurance statemer	nts are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-	The state of the s	nents and receipt of properly reported CDIP report		and the second s
	compression or time year require.	Tento una receipt of property reported e2 in report		
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
	,, ,			

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Gallatin County		⊠State
	Street Address:	75 Boardwalk		□Federal
	City, State, Zip:	Warsaw, KY 41095		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		01.11.1		□ Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٠.	□Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3405		⊠Other:
_		E0 700		Ziotiei.
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Reporting Method:
5.	Award Amount: \$47200	2024	10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 30t	, 2021		Other:
				Louier.
			11	Evaluations:
				[Enter data here]
				[Effect data field]
				-1.1.
Special	Instructions/Conditions: 1st quarte	r payment is held until district assurance statemen	nts are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-	The state of the s	nents and receipt of properly reported CDIP report		
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
			a L	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Garrad County		⊠State
	Street Address:	322 W. Maple Ave		□Federal
	City, State, Zip:	Lancaster, KY 40444		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.11.1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			The copy of invoice from vendor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٥.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3886		⊠Other:
_				Somer.
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Reporting Method:
5.	Award Amount: \$141600	h 2004	10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 30t	", 2021		Other:
				Doner.
			11	Evaluations:
			11.	[Enter data here]
				[Litter data nere]
			•	
				1.1
Special	Instructions/Conditions: 1st quarte	r payment is held until district assurance statement	s are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-	· · · · · · · · · · · · · · · · · · ·	nents and receipt of properly reported CDIP report.		
	completion of this year requirem	Total and recorpt of property reported of a report.		
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Graves County		⊠State
	Street Address:	2290 State Route 121 N.	Par a	□Federal
	City, State, Zip:	Mayfield, KY 42066		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		01.11.1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Awar	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		Theselpt of invoice from vendor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	5.	□Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3406		⊠Other:
_				Ziotner.
4.	• `	158.792	10	Financial Reporting Method:
5.	Award Amount: \$47200	th again	10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 30	, 2021		Other:
				Louier.
			11	Evaluations:
			11.	[Enter data here]
				[Litter data nere]
			11	
				1.1
Special	Instructions/Conditions: 1st quart	er payment is held until district assurance stater	ments are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-		ments and receipt of properly reported CDIP rep		
	cop.co.c ca year require		p 0 . u.	
	Authorized By (Name/Title): Kri	sta Hall, Director of Program Standards		Date: August 26 th , 2020
	,, , ,			
			at	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Grayson County		⊠State
	Street Address:	790 Shaw Station Rd., P.O. Box 4009	10	□Federal
	City, State, Zip:	Leitchfield, KY 42754		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		01.11		Receipt of Invoice from Vendor
3.	Description/Fun Source of Awar	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		□Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*4062		⊠ Other:
_	0 14 11 11 10 1	450 700		Bother
4.	Grant Authority (Source): KRS	158.792	10.	Financial Reporting Method:
5.	Award Amount: \$141600 Period of Award: July 1st-June 30	oth 2021		☑ Electronic Submission
6.	Period of Award: July 19-Julie 30	J.", 2021		□ Other:
			11.	Evaluations:
				[Enter data here]
		Oui		
		Common	T74	onlth American
-	•		are c	ompleted correctly and submitted to KDE. 3rd quarter payment should be
held un	til completion of mid-year require	ments and receipt of properly reported CDIP report.		
	A .I I			D
	Authorized By (Name/Title): Kr	ista Hall, Director of Program Standards		Date: August 26 th , 2020
		duca		

1.	Name and Address of Recipient		/.	Fund Type:
	Agency Name:	Green County		⊠State
	Street Address:	402 East Hodgensville Ave., P.O. Box	10	□Federal
	369			□Other:
	City, State, Zip:	Greensburg, KY 42743		
2.	KDE Contact Information		8.	Method of Payment
	Program Consultant:	Whitney Hamilton		☐ Federal Cash Request
	Street Address:	300 Sower Blvd.		☐ Expenditure Reimbursement
	Budget Contact:	Leesa Unger		
	Street Address:	300 Sower Blvd.		□Lump Sum
	City, State Zip:	Frankfort, KY 40601		Receipt of Invoice from Vendor
		→ Children (The ceipt of invoice from vendor
3.	Description/Fun Source of Award	and Fiscal Year:	9.	Reimbursement Frequency:
	Description:	FY21 Read to Achieve Grant	٦.	Monthly
	Fund Source:	General Fund		Quarterly
	MUNIS Project Number:	182G		☑ Other:
	MOA Number:	20*3408		Domer.
			10	Financial Departing Mathed
4.	Grant Authority (Source): KRS 1	58.792	10.	Financial Reporting Method:
5.	Award Amount: \$47200			⊠ Electronic Submission
6.	Period of Award: July 1st-June 30th	¹ , <mark>2021</mark>		□ Other:
			11.	Evaluations:
				[Enter data here]
		()11t		
C!I	Instructions (Conditions 1		XZE	21th
-			are c	ompleted correctly and submitted to KDE. 3rd quarter payment should be
neia un	til completion of mid-year requirem	nents and receipt of properly reported CDIP report.		
	Authorized Dy (Nome /Title). Krist	to Hall Director of Dragram Standards		Date: August 26 th , 2020
	Authorized by (Name/Title): Krist	ta Hall, Director of Program Standards		
		educa		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Hancock County		⊠State
	Street Address:	83 State Rt. 3543	12	□Federal
	City, State, Zip:	Hawesville, KY 42348		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□ Lump Sum
	Α. Α.	01.11		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		□Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3409		⊠ Other:
4	Grant Authority (Source): KRS 1	F0 702		
4.	Award Amount: \$47200	36.792	10.	Financial Reporting Method:
5. 6.	Period of Award: July 1st-June 30th	th 2021		⊠ Electronic Submission
0.	remod of Award: July 1 -Julie 30	, 2021		□Other:
			11.	Evaluations:
				[Enter data here]
		Our		
		Common		014h
-	The state of the s		are c	ompleted correctly and submitted to KDE. 3rd quarter payment should be
held un	til completion of mid-year requirer	ments and receipt of properly reported CDIP report.		
				and the same of th
	Authorized By (Name/Title): Kris	sta Hall, Director of Program Standards		Date: August 26 th , 2020
		duca		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Hardin County		⊠State
	Street Address:	65 W.A. Jenkins Rd.		□Federal
	City, State, Zip:	Elizabethtown, KY 42701		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		01.41		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	~		Theodipt of invoice from vendor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	J.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3410		⊠Other:
				Mountain.
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Reporting Method:
5.	Award Amount: \$47200		10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 30th	', 2021		Other:
				Liotiler.
			11	Evaluations:
			11.	[Enter data here]
				[Linter data nere]
			~	
				1.1
Special	Instructions/Conditions: 1st quarte	r navment is held until district assurance statemer	nts are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-	The state of the s	nents and receipt of properly reported CDIP report		impleted soff configuration and submitted to RB21 sta quarter payment should be
nera am	completion of this year requirem	ients and receipt of properly reported estil report		
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
	, (,			

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Harlan County		⊠State
	Street Address:	251 Ball Park Rd.		□Federal
	City, State, Zip:	Harlan, KY 40831		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		01.11		□ Receipt of Invoice from Vendor
3.	Description/Fun Source of Awar	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		Theselpt of invoice from vendor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	J.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*4065		⊠Other:
_				Ziotner.
4.	, ,	158.792	10	Financial Reporting Method:
5.	Award Amount: \$141600	th again	10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 30	¹¹ , 2021		Other:
				Louier.
			11	Evaluations:
			11.	[Enter data here]
				[Litter data nere]
			ur	
				1.1
Special	Instructions/Conditions: 1st quarte	er payment is held until district assurance state	ements are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-		ments and receipt of properly reported CDIP re		
	compressor or ima year require	none and receipt or property reported e.z		
	Authorized By (Name/Title): Kris	sta Hall, Director of Program Standards		Date: August 26 th , 2020
	,, , ,			
			cat	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Harlan Independent		⊠State
	Street Address:	420 E. Central St.		□Federal
	City, State, Zip:	Harlan, KY 40831		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		01.11		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3414		⊠Other:
	Count Authority (Counce). KDC 1	FQ 702		
4.	Grant Authority (Source): KRS 1	58.792	10.	Financial Reporting Method:
5.	Award Amount: \$47200	2021		⊠ Electronic Submission
6.	Period of Award: July 1st-June 30t	, 2021		Other:
				2 other.
			11.	Evaluations:
				[Enter data here]
				[2.1.to. data iis.e]
		Our Our		
		Commonweal		-141
Special	Instructions/Conditions: 1st quarte	r payment is held until district assurance statements	are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
held un	til completion of mid-year requiren	nents and receipt of properly reported CDIP report.		
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
		-400		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Harrison County		⊠State
	Street Address:	308 Webster Ave		□Federal
	City, State, Zip:	Cynthiana, KY 41031		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		01.11		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	~		
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*4069		⊠Other:
_				2 other.
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Reporting Method:
5.	Award Amount: \$141600	2024	10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 30th	', 2021		Other:
				Doner.
			11	Evaluations:
				[Enter data here]
		0		[Effect data field]
				1,1
Special	Instructions/Conditions: 1st quarte	r payment is held until district assurance statements	are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-	The state of the s	nents and receipt of properly reported CDIP report.		
	, , ,			
	Authorized By (Name/Title): Krist	ta Hall, Director of Program Standards		Date: August 26 th , 2020

1.	Name and Address of Recipie	nt	7.	Fund Type:	
	Agency Name:	Hart County		⊠State	
	Street Address:	25 Quality Street	Mell His	□Federal	
	City, State, Zip:	Munfordville, KY 42765	Popul	□Other:	
				10	
2.	KDE Contact Information				
	Program Consultant:	Whitney Hamilton	8.	Method of Payment	
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request	
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement	
	Street Address:	300 Sower Blvd.		⊠ Automatic Payment	
	City, State Zip:	Frankfort, KY 40601		□Lump Sum	
		01 11 1		Receipt of Invoice from Vendor	
3.	Description/Fun Source of Aw		ren.	The collection vendor	
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:	
	Fund Source:	General Fund	5.	Monthly	
	MUNIS Project Number:	182G		Quarterly	
	MOA Number:	20*4094		⊠ Other:	
_				2 other.	
4.		RS 158.792	10	Financial Reporting Method:	
5.	Award Amount: \$188800	anth and	10.	⊠ Electronic Submission	
6.	Period of Award: July 1st-June	30", 2021		Other:	
				Dotner.	
			11	Evaluations:	
			11.	[Enter data here]	
			0	[Litter data here]	
			<i>Uur</i>		
				1,1	
Special	Instructions/Conditions: 1st qua	arter payment is held until district assu	urance statements are co	ompleted correctly and submitted to KDE. 3rd quarter pa	avment should be
-	· · · · · · · · · · · · · · · · · · ·	irements and receipt of properly repo		policy con your submitted to the end of the policy of the	.,
	, , , , , , , , , , , , , , , , , , , ,	,,			
	Authorized By (Name/Title):	Krista Hall, Director of Program Standa	ards	Date: August 26 th , 2020	
			lucat		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Hazard Independent		⊠State
	Street Address:	705 Main St.	FO	□Federal
	City, State, Zip:	Hazard, KY 41701		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.11.1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	~		Zheselpe of mivolee from Vendor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٥.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3415		⊠Other:
_				Somer.
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Reporting Method:
5.	Award Amount: \$47200	2004	10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 30th	', 2021		Other:
				Doner.
			11	Evaluations:
				[Enter data here]
		O		[Enter data here]
				1.1
Special	Instructions/Conditions: 1st quarte	r payment is held until district assurance statements	s are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-	· · · · · · · · · · · · · · · · · · ·	nents and receipt of properly reported CDIP report.		,
	,	to the contract property to position of a respective		
	Authorized By (Name/Title): Krist	ta Hall, Director of Program Standards		Date: August 26 th , 2020
			1	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Henderson County		⊠State
	Street Address:	1805 Second St.		□Federal
	City, State, Zip:	Henderson, KY 42420		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		01.11.1		□ Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			The copy of invoice from ventor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	J.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3499		⊠Other:
				Mountain.
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Reporting Method:
5.	Award Amount: \$47200		10.	⊠ Electronic Submission
6.	Period of Award: July 1 st -June 30 ^t	', 2021		□Other:
				Liother.
			11	Evaluations:
			11.	[Enter data here]
				[Enter data here]
		()11	1	
				4.4
Special	Instructions/Conditions: 1st quarte	r navment is held until district assurance stateme	ents are co	empleted correctly and submitted to KDE. 3rd quarter payment should be
-	The state of the s	nents and receipt of properly reported CDIP repo		impleted correctly and submitted to NDL. Suggester payment should be
neia am	in completion of find year requirem	ients and receipt of properly reported earlinge	,,	
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
		8		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Henry County		⊠State
	Street Address:	326 S. Main St.		□Federal
	City, State, Zip:	New Castle, KY 40050		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		CI MI		□ Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			The celebrat invoice from vendor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٥.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*4071		⊠Other:
				Motifer.
4.	Grant Authority (Source): KRS 1	.58.792	10	Financial Reporting Method:
5.	Award Amount: \$141600		10.	⊠ Electronic Submission
6.	Period of Award: July 1 st -June 30 ^t	["] , 2021		Other:
				Liottler.
			11	Evaluations:
			11.	[Enter data here]
				[Litter data nere]
			•	
				1.1
Special	Instructions/Conditions: 1st quarte	er navment is held until district assurance statemen	nts are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-	· · · · · · · · · · · · · · · · · · ·	ments and receipt of properly reported CDIP report		impleted soff cotty and submitted to NSE. 518 quarter payment should be
ricia arr	in completion of this year require.	nents and receipt of properly reported earl report	•	
	Authorized By (Name/Title): Kris	sta Hall, Director of Program Standards		Date: August 26 th , 2020
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		9011		
		educa		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Jackson County		⊠State
	Street Address:	3331 Hwy 421 South		□Federal
	City, State, Zip:	McKee, KY 40447		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		01.11		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*4072		⊠Other:
	Curant Authority (Course), I/DC 1	59.702		
4.	Grant Authority (Source): KRS 1	58.792	10.	Financial Reporting Method:
5.	Award Amount: \$141600 Period of Award: July 1st-June 30t	h 2021		⊠ Electronic Submission
6.	Period of Award: July 1**-June 30*	7, 2021		Other:
			11.	Evaluations:
				[Enter data here]
				[and sale nata]
		Our Cur		
		Commence		-1+h
Special	Instructions/Conditions: 1st quarte	r payment is held until district assurance statements	are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
held un	til completion of mid-year requiren	nents and receipt of properly reported CDIP report.		
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
		duca		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Jefferson County		⊠State
	Street Address:	3332 Newburg Rd P.O. Box 34020		□Federal
	City, State, Zip:	Lousiville, KY 40232		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
				Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Theceipt of invoice from vehiclo
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	9.	Monthly
	MUNIS Project Number:	182G		
	MOA Number:	20*4089		☐ Quarterly ☐ Other:
				Other:
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Deposition Matheda
5.	Award Amount: \$849600		10.	Financial Reporting Method:
6.	Period of Award: July 1st-June 30th	, 2021		⊠ Electronic Submission
				□ Other:
			11.	Evaluations:
				[Enter data here]
		()111	•	
		Out		
		Common	TATE	alth a Arrangers
-	The state of the s	• •		ompleted correctly and submitted to KDE. 3rd quarter payment should be
neia un	til completion of mid-year requiren	nents and receipt of properly reported CDIP report.		
	Authorized Du (Nome / Title). Kris	to Hall Divertor of Dragram Chandenda		Date: August 20th 2020
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
		Educa		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Jenkins Independent		⊠State
	Street Address:	290 Old Highway 3086, P.O. Box 74	10	□Federal
	City, State, Zip:	Jenkins, KY 41537		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
				Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Theceipt of invoice from vehiclo
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	9.	Monthly
	MUNIS Project Number:	182G		·
	MOA Number:	20*3423		☐ Quarterly ☐ Other:
				Other:
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Deposition Matheda
5.	Award Amount: \$47200		10.	Financial Reporting Method:
6.	Period of Award: July 1st-June 30th	¹ , 2021		⊠ Electronic Submission
				□ Other:
			11.	Evaluations:
				[Enter data here]
		()111		
		Our		
		La Common	X7E	alth delivers and delivers
-	The state of the s	• •	are c	ompleted correctly and submitted to KDE. 3rd quarter payment should be
neia un	til completion of mid-year requiren	nents and receipt of properly reported CDIP report.		
	Authorized Du (Nome / Title). Kris	to Hall Divertor of Dunguage Standards		Date: August 20th 2020
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
		Educa		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Jessamine County		⊠State
	Street Address:	871 Wilmore Rd.	74 1 2	□Federal
	City, State, Zip:	Nicholasville, KY 40356		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.11.1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Awa			The colpt of invoice from vehicor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	J.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3500		⊠Other:
_		450 700		es other.
4.	- 1	158.792	10	Financial Reporting Method:
5.	Award Amount: \$47200	oth 2024	10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 30	J , 2021		Other:
				Doner.
			11	Evaluations:
			11.	[Enter data here]
				[Effect data field]
			11°	
				. 1/1
Special	Instructions/Conditions: 1st quart	er payment is held until district assurance stater	ments are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-	The state of the s	ments and receipt of properly reported CDIP rep		
	, , ,		•	
	Authorized By (Name/Title): Kr	ista Hall, Director of Program Standards		Date: August 26 th , 2020
			, (1)	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Johnson County		⊠State
	Street Address:	253 N. Mayo Tr.		□Federal
	City, State, Zip:	Paintsville, KY 41240		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		01.44.1		□ Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	~		The eclipt of invoice from vention
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٥.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3899		⊠Other:
				Mother.
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Reporting Method:
5.	Award Amount: \$94400		10.	⊠ Electronic Submission
6.	Period of Award: July 1 st -June 30 ^t	', 2021		Other:
				□otiler.
			11	Evaluations:
			11.	[Enter data here]
				[Enter data here]
		()11	1	
				4.4
Special	Instructions/Conditions: 1st quarte	r navment is held until district assurance stateme	ents are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-	The state of the s	nents and receipt of properly reported CDIP repo		impleted correctly and submitted to NDE. Staquarter payment should be
neia am	in completion of find year requirem	ients and receipt of property reported early repo		
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Kenton County		⊠State
	Street Address:	1055 Eaton Dr.	10	□Federal
	City, State, Zip:	Fort Wright, KY 41017		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		01.11		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	~		
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		□Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*4091		⊠Other:
	Current Acath antitra (Carring No. 1/DC 4	50.703		
4.	Grant Authority (Source): KRS 1	58.792	10.	Financial Reporting Method:
5.	Award Amount: \$283200	2024	10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 30th	, 2021		Other:
				Louici.
			11.	Evaluations:
				[Enter data here]
				[2.116. data ins. c]
		Our		
		Camana		-141
Special	Instructions/Conditions: 1st quarte	r payment is held until district assurance statements	are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
held un	til completion of mid-year requiren	nents and receipt of properly reported CDIP report.		
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
			7 1	
		educa		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Knott County		⊠State
	Street Address:	1156 Hindman Bypass P.O. Box 869	17	□Federal
	City, State, Zip:	Hindman, KY 41822		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.41.1		□ Receipt of Invoice from Vendor
3.	Description/Fun Source of Awar			Encecipt of invoice from vehicle
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	Э.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*4074		⊠Other:
				Motiler.
4.	Grant Authority (Source): KRS	158.792	10	Financial Reporting Method:
5.	Award Amount: \$141600		10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 30	^{tn} , 2021		
				□Other:
			11	Evaluations:
			11.	
				[Enter data here]
		()111	-	
				4.4
Special	Instructions/Conditions: 1. guart	er navment is held until district assurance statemen	ts are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
•	-	ments and receipt of properly reported CDIP report.		ompleted correctly and sabinitied to RDE. Surquarter payment should be
neid dir	in completion of initia-year require	ments and receipt of properly reported CDIF report.	•	
	Authorized By (Name/Title): Kr	sta Hall, Director of Program Standards		Date: August 26 th , 2020
	Authorized by (runne, rule). Ki			
		Educa		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Knox County		⊠State
	Street Address:	200 Daniel Boone Dr.	DY FO	□Federal
	City, State, Zip:	Barbourville, KY 40906		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		01.11.1		□ Receipt of Invoice from Vendor
3.	Description/Fun Source of Awar	~		The celebrat invoice from vendor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	J.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3989		⊠Other:
				Motifer.
4.	Grant Authority (Source): KRS 1	158.792	10	Financial Reporting Method:
5.	Award Amount: \$283200	**	10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 30	¹¹ , 2021		Other:
				Liottler.
			11	Evaluations:
			11.	[Enter data here]
				[Litter data nere]
			ur	
				1.1
Special	Instructions/Conditions: 1st quarte	er navment is held until district assurance stat	tements are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-	· · · · · · · · · · · · · · · · · · ·	ments and receipt of properly reported CDIP r		inspected contestly and submitted to his 21 on quarter payment should be
iicia aii	in completion of find year require.	nems and receipt of property reported esti-		
	Authorized By (Name/Title): Kris	sta Hall, Director of Program Standards		Date: August 26 th , 2020
	,, , ,			
		S G G G		
			cat	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	LaRue County		⊠State
	Street Address:	208 College St.		□Federal
	City, State, Zip:	Hodgenville, KY 42748		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.11		Receipt of Invoice from Vendor
3.	Description/Fun Source of Awa			The celebrat invoice from vendor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	J.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3900		⊠Other:
_				Source.
4.	- 1	158.792	10	Financial Reporting Method:
5.	Award Amount: \$94400	oth agai	10.	Electronic Submission
6.	Period of Award: July 1st-June 3	0", 2021		Other:
				Dottler.
			11	Evaluations:
			11.	[Enter data here]
				[Litter data riere]
			ur	
				1.1
Special	Instructions/Conditions: 1st quar	ter payment is held until district assurance sta	tements are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-		ements and receipt of properly reported CDIP		, , , , , , , , , , , , , , , , , , , ,
	, , , , , , , , , , , , , , , , , , , ,	, the part of the		
	Authorized By (Name/Title): Ki	ista Hall, Director of Program Standards		Date: August 26 th , 2020
			Cal	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Laurel County		⊠State
	Street Address:	718 North Main St.	12	□Federal
	City, State, Zip:	London, KY 40741		□Other:
				1 1 1 1 1 1 1 1 1 1
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		01.11		Receipt of Invoice from Vendor
3.	Description/Fun Source of Awar			
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3501		⊠Other:
	Count Authority (Council) KDC	150 702		
4.	Grant Authority (Source): KRS :	158.792	10.	Financial Reporting Method:
5.	Award Amount: \$47200	th 2021		⊠ Electronic Submission
6.	Period of Award: July 1 st -June 30	", 2021		□Other:
				_ outer.
			11.	Evaluations:
				[Enter data here]
				(and and he of
		Our Our		
		Company		-1+L
Special	Instructions/Conditions: 1st quarte	er payment is held until district assurance statements	are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
held un	til completion of mid-year require	ments and receipt of properly reported CDIP report.		
	Authorized By (Name/Title): Kris	sta Hall, Director of Program Standards		Date: August 26 th , 2020

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Lawrence County		⊠State
	Street Address:	50 Bulldog Lane		□Federal
	City, State, Zip:	Louisa, KY 41230		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		01.11		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	~		
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3594		⊠ Other:
	Count Authority (Counce). KDC 1	F9 702		
4.	Grant Authority (Source): KRS 1	58.792	10.	Financial Reporting Method:
5.	Award Amount: \$47200	2 2021		⊠ Electronic Submission
6.	Period of Award: July 1st-June 30t	, 2021		Other:
			11.	Evaluations:
				[Enter data here]
		Our Our		
		Company		-14h
Special	Instructions/Conditions: 1st quarte	r payment is held until district assurance statements	s are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
held un	til completion of mid-year requiren	nents and receipt of properly reported CDIP report.		
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Lee County		⊠State
	Street Address:	242 Lee Ave P.O. 668		□Federal
	City, State, Zip:	Beattyville, KY 41311		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.11		Receipt of Invoice from Vendor
3.	Description/Fun Source of Awa			Zineseipt of invoice from Vendor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3595		⊠Other:
_		450 500		2 other.
4.	, ,	158.792	10	Financial Reporting Method:
5.	Award Amount: \$47200	oth 2024	10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 3	0", 2021		Other:
				Doner.
			11.	Evaluations:
			11.	[Enter data here]
				[Enter data here]
			ur	
				-141
Special	Instructions/Conditions: 1st quar	ter payment is held until district assurance sta	tements are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-		ements and receipt of properly reported CDIP		
	Authorized By (Name/Title): Kr	ista Hall, Director of Program Standards		Date: August 26 th , 2020
			cat	

1.	Name and Address of Recipien	t	7.	Fund Type:
	Agency Name:	Leslie County		⊠State
	Street Address:	27 Eagle Ln. P.O. 949	4 1 74 F G	□Federal
	City, State, Zip:	Hyden, KY 41749		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		01.11		Receipt of Invoice from Vendor
3.	Description/Fun Source of Awa		7	Zincocipe of invoice from vendor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		□Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3901		⊠Other:
_		450 500		25 Other.
4.	, ,	5 158.792	10	Financial Reporting Method:
5.	Award Amount: \$94400	noth 2024	10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 3	30", 2021		Other:
				Doulet.
			11.	Evaluations:
			11.	[Enter data here]
			0	[Effect data field]
			Jur	
				1/1
Special	Instructions/Conditions: 1st quai	ter payment is held until district assurance	statements are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-		ements and receipt of properly reported CI		,
	, , ,		•	
	Authorized By (Name/Title): K	rista Hall, Director of Program Standards		Date: August 26 th , 2020
			icat	

1.	Name and Address of Recipien	t	7.	Fund Type:
	Agency Name:	Letcher County		⊠State
	Street Address:	224 Parks St.		□Federal
	City, State, Zip:	Whiteburg, KY 41858		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.11		Receipt of Invoice from Vendor
3.	Description/Fun Source of Awa		n.	Encerpt of invoice from vendor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	J.	□Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*4075		⊠ Other:
_				2 outer.
4.		S 158.792	10	Financial Reporting Method:
5.	Award Amount: \$141600	aoth 2024	10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 3	30", 2021		Other:
				Dotter.
			11	Evaluations:
			11.	[Enter data here]
			0	[Effect data fiere]
			<i>Our</i>	
				-141
Special	Instructions/Conditions: 1st qua	rter payment is held until district assuranc	e statements are c	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-		rements and receipt of properly reported (
			·	
	Authorized By (Name/Title): K	rista Hall, Director of Program Standards		Date: August 26 th , 2020
			1001	
			100	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Lincoln County		⊠State
	Street Address:	305 Danville Ave P.O. 265	10	□Federal
	City, State, Zip:	Stanford, KY 40484		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.41.1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Theceipt of invoice from vehiclo
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	9.	Monthly
	MUNIS Project Number:	182G		
	MOA Number:	20*4076		☐ Quarterly ☐ Other:
				∆Other:
4.	Grant Authority (Source): KRS 1	58.792	10	Financial December 84 at head
5.	Award Amount: \$141600		10.	Financial Reporting Method:
6.	Period of Award: July 1st-June 30th	¹ , 2021		☑ Electronic Submission
				□Other:
			11.	Evaluations:
				[Enter data here]
		()111		
		Our		
	: /0 !::: 1	Common	776	alth deligning
			s are c	ompleted correctly and submitted to KDE. 3rd quarter payment should be
neia un	til completion of mid-year requiren	nents and receipt of properly reported CDIP report.		
	Authorized Du (Nome / Title). Kris	to Hall Diverton of Dunavan Standards		Date: August 20th 2020
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
		Educa		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Logan County		⊠State
	Street Address:	2222 Bowling Green Rd. P.O. Box 417	10	□Federal
	City, State, Zip:	Russellville, KY 42276		□ Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.11		Receipt of Invoice from Vendor
3.	Description/Fun Source of Awa	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		Zinesept of invoice from vertex.
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	•	□Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*4097		☑ Other:
				Source.
4.	Grant Authority (Source): KRS	158.792	10	Financial Reporting Method:
5.	Award Amount: \$236000		10.	Electronic Submission
6.	Period of Award: July 1st-June 3	0 th , 2021		
				□ Other:
			11	Evaluations:
			11.	[Enter data here]
				[Effet data fiere]
		()111		
				1.1
Special	Instructions/Conditions: 1st quar	ter navment is held until district assurance statements	are c	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-		ements and receipt of properly reported CDIP report.	ui c c	ompieced correctly and submitted to NDE. Six quarter payment should be
neid dir	an completion of this year require	and receipt of property reported 65% reports		
	Authorized By (Name/Title): Kr	ista Hall, Director of Program Standards		Date: August 26 th , 2020
	, , , , , , , , , , , , , , , , , , , ,			

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Lyon County		⊠State
	Street Address:	217 Jenkins Rd	10	□Federal
	City, State, Zip:	Eddyville, KY 42038		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		01.11		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3597		⊠Other:
	Count Authority (Council) KDC (F0 702		
4.	Grant Authority (Source): KRS 1	.58.792	10.	Financial Reporting Method:
5.	Award Amount: \$47200	th 2021		⊠ Electronic Submission
6.	Period of Award: July 1st-June 30	m, 2021		□Other:
			11.	Evaluations:
				[Enter data here]
				[2000, 2000, 100, 10]
		Oui		
		Company		-1+h
Special	Instructions/Conditions: 1st quarte	er payment is held until district assurance statemen	ts are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
held un	til completion of mid-year requirer	ments and receipt of properly reported CDIP report.		
	Authorized By (Name/Title): Kris	sta Hall, Director of Program Standards		Date: August 26 th , 2020
			AI	
		duc		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Madison County		⊠State
	Street Address:	301 Highland Park Dr. P.O. Box 768	10	□Federal
	City, State, Zip:	Richmond, KY 40475		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.41.1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Theceipt of invoice from vehiclo
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	9.	Monthly
	MUNIS Project Number:	182G		
	MOA Number:	20*4098		☐ Quarterly ☐ Other:
				∆Other:
4.	Grant Authority (Source): KRS 1	58.792	10	Financial December 84 at head
5.	Award Amount: \$472000		10.	Financial Reporting Method:
6.	Period of Award: July 1st-June 30th	¹ , 2021		☑ Electronic Submission
				□Other:
			11.	Evaluations:
				[Enter data here]
		()11*	,	
		Our		
	: /0 !::: 1	Common	X76	alth data was a second
-	The state of the s	• •	s are c	ompleted correctly and submitted to KDE. 3rd quarter payment should be
neia un	til completion of mid-year requiren	nents and receipt of properly reported CDIP report.		
	Authorized Du (Nome / Title). Kris	to Hall Diverton of Dunavan Standards		Date: August 20th 2020
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
		Educa		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Magoffin County		⊠State
	Street Address:	25 School Dr. P.O. Box 109	F	□Federal
	City, State, Zip:	Salyersville, KY 41465		□Other:
2.	KDE Contact Information	Christian		
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.44.4		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	~		The ceipt of invoice from vendor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	J.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3904		☑Other:
				Motifer.
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Reporting Method:
5.	Award Amount: \$94400		10.	Electronic Submission
6.	Period of Award: July 1 st -June 30 ^t	", 2021		Other:
				Dottler.
			11	Evaluations:
			11.	[Enter data here]
				[Litter data nere]
				1.1
Special	Instructions/Conditions: 1st quarte	r navment is held until district assurance statement	s are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-	The state of the s	nents and receipt of properly reported CDIP report.	J 41 C CC	simple tea contestly and submitted to NBE1 on quarter payment should be
iicia aii	an completion of this year requirer	rents and receipt of property reported early reports		
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
		The state of the s		
		educa		

1.	Name and Address of Recipien	t	7.	Fund Type:
	Agency Name:	Marion County		⊠State
	Street Address:	755 E. Main St.	A 1 74 F 2	□Federal
	City, State, Zip:	Lebanon, KY 40033		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.11		Receipt of Invoice from Vendor
3.	Description/Fun Source of Awa		n.	Zine delipt of invoice from vertical
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		□Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3906		⊠ Other:
_				25 other.
4.		\$ 158.792	10	Financial Reporting Method:
5.	Award Amount: \$94400	20th 2024	10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 3	30", 2021		Other:
				Doulet.
			11.	Evaluations:
			11.	[Enter data here]
			0	[Effect data fiere]
			<i>Uur</i>	
				111.
Special	Instructions/Conditions: 1st qua	rter payment is held until district assurance	statements are co	ompleted correctly and submitted to KDE. 3rd quarter payment should b
-	· · · · · · · · · · · · · · · · · · ·	rements and receipt of properly reported CI		
	. , ,		•	
	Authorized By (Name/Title): K	rista Hall, Director of Program Standards		Date: August 26 th , 2020
			icat	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Marshall County		⊠State
	Street Address:	86 High School Rd.		□Federal
	City, State, Zip:	Benton, KY 42025		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		01.11		□ Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Zileselpe of invoise from ventor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*4100		⊠Other:
_	0 1 1 1 1 10 10 1 10 10 10 10 10 10 10 1	F0.700		2 other.
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Reporting Method:
5.	Award Amount: \$283200	h 2024	10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 30th	", 2021		Other:
				Doner.
			11.	Evaluations:
				[Enter data here]
		0		[Effect data field]
				. 1/1.
Special	Instructions/Conditions: 1st quarte	r payment is held until district assurance statements	are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-	The state of the s	nents and receipt of properly reported CDIP report.		
	. , , .			
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Martin County		⊠State
	Street Address:	104 East Main St.		□Federal
	City, State, Zip:	Inez, KY 41224		□Other:
				1 1 1 1 1 1 1 1 1 1
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
	A	01.11		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	~		
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3910		⊠Other:
	Cuant Authority (Causes). KDC 1	F0 703		
4.	Grant Authority (Source): KRS 1	58.792	10.	Financial Reporting Method:
5.	Award Amount: \$94400	2021		⊠ Electronic Submission
6.	Period of Award: July 1st-June 30th	, 2021		□Other:
				_ outer.
			11.	Evaluations:
				[Enter data here]
				(and and here)
		Our Our		
		Commons		-1+L
Special	Instructions/Conditions: 1st quarte	r payment is held until district assurance statements	are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
held un	til completion of mid-year requiren	nents and receipt of properly reported CDIP report.		
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Mayfield Independent		⊠State
	Street Address:	914 E. College St.	12	□Federal
	City, State, Zip:	Mayfield, KY 42066		□Other:
				10.
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		△ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		01.41.1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Theceipt of invoice from vehicle
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	9.	Monthly
	MUNIS Project Number:	182G		· ·
	MOA Number:	20*3599		☐ Quarterly ☐ Other:
				Mother:
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Deposition Mathed
5.	Award Amount: \$47200		10.	Financial Reporting Method:
6.	Period of Award: July 1st-June 30t	¹ , 2021		☑ Electronic Submission
				□ Other:
			11.	Evaluations:
				[Enter data here]
		()111		
		Our		
	: /0 !::: 1	La Common	774	ealth a firm war and a second
			s are c	ompleted correctly and submitted to KDE. 3rd quarter payment should be
neia un	til completion of mid-year requiren	nents and receipt of properly reported CDIP report.		
	Authorized Du (Nome / Title). Knie	to Hall Diverton of Duneyous Standards		Date: August 20th 2020
	Authorized by (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
		Educa		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	McCracken County		⊠State
	Street Address:	5347 Benton Rd.		□Federal
	City, State, Zip:	Paduach, KY 42003		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
	A	01:11		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*4077		⊠Other:
4	Crant Authority (Saura). KDS 1	F9. 702		
4.	Grant Authority (Source): KRS 1 Award Amount: \$141600	38.792	10.	Financial Reporting Method:
5. 6.	Period of Award: July 1st-June 30	h 2021		⊠ Electronic Submission
0.	Period of Award. July 1 -Julie 50	, 2021		□Other:
				_ outer.
			11.	Evaluations:
				[Enter data here]
				[Enter data no. e]
		Our Our		
		Common		-14h
Special	Instructions/Conditions: 1st quarte	r payment is held until district assurance statements	are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
held un	til completion of mid-year requirer	nents and receipt of properly reported CDIP report.		
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
			TI	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	McLean County		⊠State
	Street Address:	410 Highway 136 East	FO	□Federal
	City, State, Zip:	Calhoun, KY 42327		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.11.1		□ Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Encecipe of invoice from ventor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٥.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*4404		⊠Other:
_				E other.
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Reporting Method:
5.	Award Amount: \$47200	2224	10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 30th	, 2021		Other:
				Dottler.
			11	Evaluations:
				[Enter data here]
		O		[Effect data fiere]
				1/1
Special	Instructions/Conditions: 1st quarte	r payment is held until district assurance statements	s are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-	· · · · · · · · · · · · · · · · · · ·	nents and receipt of properly reported CDIP report.		
	,	от подражници под		
	Authorized By (Name/Title): Krist	ta Hall, Director of Program Standards		Date: August 26 th , 2020

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Meade County		⊠State
	Street Address:	1155 Old Ekron Rd		□Federal
	City, State, Zip:	Brandenburg, KY 40108		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
		01.11		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		□Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*4409		⊠Other:
	Current Acuth ruits (Course). IVDC 1	50.702		
4.	Grant Authority (Source): KRS 1	58.792	10.	Financial Reporting Method:
5.	Award Amount: \$188800	2024	10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 30t	, 2021		Other:
				Louici.
			11.	Evaluations:
				[Enter data here]
				[2.116. data its.e]
		Our Our		
		Common		-141
Special	Instructions/Conditions: 1st quarte	r payment is held until district assurance statements	are c	ompleted correctly and submitted to KDE. 3rd quarter payment should be
held un	til completion of mid-year requiren	nents and receipt of properly reported CDIP report.		
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
			1	
		duca		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Mercer County		⊠State
	Street Address:	530 Perryville Rd.	F	□Federal
	City, State, Zip:	Harrodsburg, KY 40330		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.11.1		□ Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Encecipe of invoice from ventor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٥.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*4405		⊠Other:
_				Ziotter.
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Reporting Method:
5.	Award Amount: \$47200	2224	10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 30th	, 2021		Other:
				Dottler.
			11	Evaluations:
				[Enter data here]
		O		[Effect data fiere]
				1,1
Special	Instructions/Conditions: 1st quarte	r payment is held until district assurance statement.	s are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-	The state of the s	nents and receipt of properly reported CDIP report.		,
	, , , , , , , , , , , , , , , , , , , ,	and and the property repeated as a repeated		
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Metcalfe County		⊠State
	Street Address:	709 W. Stockton St.		□Federal
	City, State, Zip:	Edmonton, KY 42129		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.11		Receipt of Invoice from Vendor
3.	Description/Fun Source of Awa			Encocipt of invoice from vendor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	5.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*4406		⊠Other:
_				Source.
4.	, ,	158.792	10	Financial Reporting Method:
5.	Award Amount: \$47200	oth again	10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 30	0", 2021		Other:
				Dottler.
			11	Evaluations:
			11.	[Enter data here]
				[Linter data nere]
			ur	
				1,1
Special	Instructions/Conditions: 1st quart	ter payment is held until district assurance stat	tements are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-		ements and receipt of properly reported CDIP		
	Authorized By (Name/Title): Kr	ista Hall, Director of Program Standards		Date: August 26 th , 2020
	,,			
			cat	

1.	Name and Address of Recipie	ent	7.	Fund Type:	
	Agency Name:	Middlesboro Independent		⊠State	
	Street Address:	220 N. 20th St., P.O. Box 959		□Federal	
	City, State, Zip:	Middlesboro, KY 40965		□Other:	
2.	KDE Contact Information				
	Program Consultant:	Whitney Hamilton	8.	Method of Payment	
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request	
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement	
	Street Address:	300 Sower Blvd.			
	City, State Zip:	Frankfort, KY 40601		Lump Sum	
		01.11		Receipt of Invoice from Vendor	
3.	Description/Fun Source of Av		n.	Energies invente from venter	
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:	
	Fund Source:	General Fund		Monthly	
	MUNIS Project Number:	182G		□Quarterly	
	MOA Number:	20*4408		⊠Other:	
_		25.452.702		2 other.	
4.	, ,	RS 158.792	10	. Financial Reporting Method:	
5.	Award Amount: \$47200	20th 2024	10.	⊠ Electronic Submission	
6.	Period of Award: July 1 st -June	30", 2021		Other:	
				Lottler.	
			11.	. Evaluations:	
				[Enter data here]	
			0	[Effect data field]	
			<i>Our</i>		
				- 141-	
Special	Instructions/Conditions: 1st qu	arter payment is held until district assurance	statements are c	completed correctly and submitted to KDE. 3rd quarter payment sh	nould be
-		irements and receipt of properly reported C			
			·		
	Authorized By (Name/Title):	Krista Hall, Director of Program Standards		Date: August 26 th , 2020	
			1001		
			icat		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Monroe County		⊠State
	Street Address:	309 Emberton St.		□Federal
	City, State, Zip:	Tompkinsville, KY 42167-1431		□ Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.11.1		□ Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Zinecept of invoice from vendor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	J.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*3913		⊠Other:
_				Source.
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Reporting Method:
5.	Award Amount: \$94400	2224	10.	Electronic Submission
6.	Period of Award: July 1st-June 30th	, 2021		Other:
				Doner.
			11	Evaluations:
			11.	[Enter data here]
		0		[Effect data here]
				. 1/1.
Special	Instructions/Conditions: 1st quarte	payment is held until district assurance statements	are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-	· · · · · · · · · · · · · · · · · · ·	ents and receipt of properly reported CDIP report.		
	, , ,			
	Authorized By (Name/Title): Krist	a Hall, Director of Program Standards		Date: August 26 th , 2020
			4	
		4000		

1.	Name and Address of Recipie	nt	7.	Fund Type:	
	Agency Name:	Montgomery County		⊠State	
	Street Address:	640 Woodford Dr.	Yall Mara	□Federal	
	City, State, Zip:	Mt. Sterling, KY 40353		□Other:	
				(8)	
2.	KDE Contact Information	(2)			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment	
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request	
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement	
	Street Address:	300 Sower Blvd.			
	City, State Zip:	Frankfort, KY 40601		Lump Sum	
		01 11 1		Receipt of Invoice from Vendor	
3.	Description/Fun Source of Aw		en.	Encocipt of invoice from vendor	
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:	
	Fund Source:	General Fund	5.	Monthly	
	MUNIS Project Number:	182G		Quarterly	
	MOA Number:	20*3916		⊠Other:	
_				es other.	
4.		RS 158.792	10	Financial Reporting Method:	
5.	Award Amount: \$94400	a oth a coa	10.	⊠ Electronic Submission	
6.	Period of Award: July 1st-June	30", 2021		Other:	
				Liother.	
			11	Evaluations:	
			11.	[Enter data here]	
			O	[Effer data fiere]	
			<i>Uur</i>		
				1.1	
Special	Instructions/Conditions: 1st qua	arter payment is held until district assura	ance statements are co	ompleted correctly and submitted to KDE. 3rd quart	ter payment should be
-	· · · · · · · · · · · · · · · · · · ·	irements and receipt of properly reporte			ioi paymontonioana so
	compressor ora year requi		ou oz op o. u		
	Authorized By (Name/Title):	Krista Hall, Director of Program Standar	ds	Date: August 26 th , 2020	
			ucat		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Muhlenburg County		⊠State
	Street Address:	510 W. Main St.		□Federal
	City, State, Zip:	Powderly, KY 42367		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.11		Receipt of Invoice from Vendor
3.	Description/Fun Source of Awa	. ~		Encocipt of invoice from vendor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	5.	□Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*4411		⊠ Other:
_				Source.
4.	, ,	158.792	10	Financial Reporting Method:
5.	Award Amount: \$47200	ath again	10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 30	0", 2021		Other:
				Doublet.
			11	Evaluations:
			11.	[Enter data here]
				[Linter data nere]
			Jur	
				1,1
Special	Instructions/Conditions: 1st quart	ter payment is held until district assurance st	atements are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-		ements and receipt of properly reported CDIF		and the second s
	Authorized By (Name/Title): Kr	ista Hall, Director of Program Standards		Date: August 26 th , 2020
	,, ,			
			cat	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Murray Independent		⊠State
	Street Address:	208 S. 13th St.	FO	□Federal
	City, State, Zip:	Murray, KY 42071		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		Automatic Payment
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.11.1		□ Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	~		Zilescipt of invoice from ventor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٥.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*4412		⊠Other:
_				Source.
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Reporting Method:
5.	Award Amount: \$47200	2.0004	10.	Electronic Submission
6.	Period of Award: July 1st-June 30th	', 2021		Other:
				Doner.
			11	Evaluations:
				[Enter data here]
		O		[Effect data here]
				1,1
Special	Instructions/Conditions: 1st quarte	r payment is held until district assurance statements	s are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-	· · · · · · · · · · · · · · · · · · ·	nents and receipt of properly reported CDIP report.		
	, , , , , , , , , , , , , , , , , , , ,	от портината в		
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020

1.	Name and Address of Recipier	nt	7.	Fund Type:	
	Agency Name:	Nelson County		⊠State	
	Street Address:	288 Wildcat Lane	21 1 72 F 22	□Federal	
	City, State, Zip:	Bardstown, KY 40004		□Other:	
2.	KDE Contact Information				
	Program Consultant:	Whitney Hamilton	8.	Method of Payment	
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request	
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement	
	Street Address:	300 Sower Blvd.			
	City, State Zip:	Frankfort, KY 40601		□Lump Sum	
		1 01 11		Receipt of Invoice from Vendor	
3.	Description/Fun Source of Aw		11.	Zinedelpt of introde from Vendor	
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:	
	Fund Source:	General Fund		□Monthly	
	MUNIS Project Number:	182G		Quarterly	
	MOA Number:	20*4410		⊠ Other:	
_		. 150 500		2 other.	
4.		S 158.792	10	Financial Reporting Method:	
5.	Award Amount: \$188800	anth 2024	10.	⊠ Electronic Submission	
6.	Period of Award: July 1st-June	30, 2021		Other:	
				Library Control	
			11.	Evaluations:	
				[Enter data here]	
			0	[Effect data field]	
			<i>Our</i>		
				- 1/1.	
Special	Instructions/Conditions: 1st qua	rter payment is held until district assurance	ce statements are co	ompleted correctly and submitted to KDE. 3rd quarter payment should	be
-		rements and receipt of properly reported (
	. , .		•		
	Authorized By (Name/Title): k	Crista Hall, Director of Program Standards		Date: August 26 th , 2020	
			icat		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Newport Independent		⊠State
	Street Address:	30 W. Eighth St.		□Federal
	City, State, Zip:	Newport, KY 41071		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.11.1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Awa			Encoupe of invoice from vendor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	J.	□Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*4415		☑ Other:
_				2 Other.
4.	, ,	158.792	10	Financial Reporting Method:
5.	Award Amount: \$94400	oth again	10.	Electronic Submission
6.	Period of Award: July 1st-June 3	0", 2021		Other:
				Dottler.
			11	Evaluations:
			11.	[Enter data here]
				[Litter data riere]
			Jur	
				4.4
Special	Instructions/Conditions: 1st quar	ter navment is held until district assurance s	tatements are co	ompleted correctly and submitted to KDE. 3rd quarter payment should b
-		ements and receipt of properly reported CDI		ompleted confectly and submitted to NBE. Staquarter payment should b
nera an	in completion of find year requir	ements and receipt of property reported est	. report.	
	Authorized By (Name/Title): K	rista Hall, Director of Program Standards		Date: August 26 th , 2020
	,, ,			
			cat	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Ohio County		⊠State
	Street Address:	315 E. Union St., P.O. Box 70	10	□Federal
	City, State, Zip:	Hartford, KY 42347		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.41.1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Theceipt of invoice from vehiclo
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	9.	Monthly
	MUNIS Project Number:	182G		·
	MOA Number:	20*4414		☐ Quarterly ☐ Other:
				Other:
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Deposition Matheda
5.	Award Amount: \$47200		10.	Financial Reporting Method:
6.	Period of Award: July 1st-June 30th	¹ , 2021		⊠ Electronic Submission
				□ Other:
			11.	Evaluations:
				[Enter data here]
		()11t		
		Our		
		Common	A74	alth delivers and delivers
•			s are c	ompleted correctly and submitted to KDE. 3rd quarter payment should be
neia un	til completion of mid-year requirem	nents and receipt of properly reported CDIP report.		
	Authorized Du (Norse /Title). Kriss	to Hall Diverton of Dunavene Standards		Date: August 20th 2020
	Authorized By (Name/ Litie): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
		Educa		
		-40		

1.	Name and Address of Recipier	nt	7.	Fund Type:	
	Agency Name:	Owensboro Independent		⊠State	
	Street Address:	450 Griffith Ave.	enan	□Federal	
	City, State, Zip:	Owensboro, KY 42301	o Post	□Other:	
2.	KDE Contact Information				
	Program Consultant:	Whitney Hamilton	8.	Method of Payment	
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request	
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement	
	Street Address:	300 Sower Blvd.			
	City, State Zip:	Frankfort, KY 40601		Lump Sum	
		01 11		Receipt of Invoice from Vendor	
3.	Description/Fun Source of Aw		20.	Zincecipt of invoice from vendor	
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:	
	Fund Source:	General Fund		Monthly	
	MUNIS Project Number:	182G		Quarterly	
	MOA Number:	20*4422		⊠ Other:	
_		2.450.700		2 other.	
4.	, ,	S 158.792	10	Financial Reporting Method:	
5.	Award Amount: \$236000	20th 2024	10.	⊠ Electronic Submission	
6.	Period of Award: July 1 st -June	30, 2021		Other:	
				Dottler.	
			11.	Evaluations:	
				[Enter data here]	
			O	[Effect data fiere]	
			Our		
				-141-	
Special	Instructions/Conditions: 1st qua	arter payment is held until district assurar	nce statements are c	ompleted correctly and submitted to KDE. 3rd quarter paym	ent should be
-		rements and receipt of properly reported			
			·		
	Authorized By (Name/Title): H	Krista Hall, Director of Program Standards	5	Date: August 26 th , 2020	
			11001		
			ucat		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Paintsville Independent		⊠State
	Street Address:	305 Second St.	10	□Federal
	City, State, Zip:	Paintsville, KY 41240		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
	Α.	7. 01:11		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*4417		⊠Other:
4	Creat Authority (Source). KDS 11	T 9 702		
4.	Grant Authority (Source): KRS 15 Award Amount: \$47200	58.792	10.	Financial Reporting Method:
5. 6.	Period of Award: July 1 st -June 30 th	2021		⊠ Electronic Submission
0.	Period of Award. July 1 -Julie 30	, 2021		□Other:
			11.	Evaluations:
				[Enter data here]
		Our		
		Commonw		-1+h
Special	Instructions/Conditions: $1_{ ext{st}}$ quarter	r payment is held until district assurance statements a	are c	ompleted correctly and submitted to KDE. 3rd quarter payment should be
held unt	til completion of mid-year requirem	nents and receipt of properly reported CDIP report.		
	Authorized By (Name/Title): Krist	ta Hall, Director of Program Standards		Date: August 26 th , 2020
		YUIIO		
		-400		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Paris Independent		⊠State
	Street Address:	310 W. 7th St.	7	□Federal
	City, State, Zip:	Paris, KY 40361		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
	A. A.	01.11		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*4418		⊠ Other:
4	Grant Authority (Source): KRS 1	F9.702		
4.	Award Amount: \$47200	36.792	10.	Financial Reporting Method:
5. 6.	Period of Award: July 1st-June 30	h 2021		☑ Electronic Submission
0.	remod of Award. July 1 -Julie 30	, 2021		□ Other:
			11.	Evaluations:
				[Enter data here]
		Our		
		Commons		01+h
-	· ·		are c	ompleted correctly and submitted to KDE. 3rd quarter payment should be
held un	til completion of mid-year requirer	nents and receipt of properly reported CDIP report.		
				2
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
		duca		

1.	Name and Address of Recipien	nt	7.	Fund Type:	
	Agency Name:	Pendelton County		⊠State	
	Street Address:	2525 Hwy 27 N.		□Federal	
	City, State, Zip:	Falmouth, KY 41040		□Other:	
				18.	
2.	KDE Contact Information				
	Program Consultant:	Whitney Hamilton	8.	Method of Payment	
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request	
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement	
	Street Address:	300 Sower Blvd.		△ Automatic Payment	
	City, State Zip:	Frankfort, KY 40601		Lump Sum	
		01 21		Receipt of Invoice from Vendor	
3.	Description/Fun Source of Awa		11.	Zincocipt of invoice from Ventor	
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:	
	Fund Source:	General Fund		□Monthly	
	MUNIS Project Number:	182G		Quarterly	
	MOA Number:	20*4416		⊠ Other:	
_		. 150 700		20ther.	
4.		S 158.792	10	Financial Reporting Method:	
5.	Award Amount: \$94400	20th 2024	10.	⊠ Electronic Submission	
6.	Period of Award: July 1st-June 3	30, 2021		□ Other:	
				Dottlet.	
			11.	Evaluations:	
			-1-	[Enter data here]	
			0	[Effect data fiere]	
			<i>Our</i>		
				- 1.1	
Special	Instructions/Conditions: 1st qua	rter payment is held until district assuranc	ce statements are co	ompleted correctly and submitted to KDE. 3rd quarter payment should	be
-	· · · · · · · · · · · · · · · · · · ·	rements and receipt of properly reported			
			·		
	Authorized By (Name/Title): k	Crista Hall, Director of Program Standards		Date: August 26 th , 2020	
			1001		
			icat		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Perry County		⊠State
	Street Address:	315 Park Ave.	10	□Federal
	City, State, Zip:	Hazard, KY 41701		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
	A.	7. 01.11		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*4421		⊠Other:
4	Grant Authority (Source): KBS 11	E 702		
4.	Grant Authority (Source): KRS 15 Award Amount: \$47200	58.792	10.	Financial Reporting Method:
5. 6.	Period of Award: July 1st-June 30th	2021		⊠ Electronic Submission
0.	Period of Award. July 14-Julie 50	, 2021		□Other:
			11.	Evaluations:
				[Enter data here]
		0		
		Our		
		Commonwe		-1+h
Special	Instructions/Conditions: 1st quarter	r payment is held until district assurance statements a	are c	ompleted correctly and submitted to KDE. 3rd quarter payment should be
held unt	til completion of mid-year requirem	nents and receipt of properly reported CDIP report.		
	Authorized By (Name/Title): Krist	ta Hall, Director of Program Standards		Date: August 26 th , 2020
		-400		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Pike County		⊠State
	Street Address:	316 S. Mayo Tr.		□Federal
	City, State, Zip:	Pikeville, KY 41501-1522		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.11.1		□ Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	~		Encecipe of invoice from vendor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	J.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*4419		⊠Other:
_				Ziottici.
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Reporting Method:
5.	Award Amount: \$94400	2004	10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 30th	', 2021		Other:
				Louier.
			11	Evaluations:
				[Enter data here]
		0		[Enter data here]
				1.1
Special	Instructions/Conditions: 1st quarte	r payment is held until district assurance statemen	ts are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-	· · · · · · · · · · · · · · · · · · ·	nents and receipt of properly reported CDIP report.		,,,,,,,,
	,	The second secon		
	Authorized By (Name/Title): Krist	ta Hall, Director of Program Standards		Date: August 26 th , 2020

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Russell County		⊠State
	Street Address:	404 S. Main St.	FO	□Federal
	City, State, Zip:	Jamestown, KY 42629		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.11.1		□ Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	~		Encecipe of invoice from vendor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٥.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*4423		⊠Other:
_				Ziottici.
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Reporting Method:
5.	Award Amount: \$47200	2004	10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 30t	', 2021		Other:
				Louier.
			11	Evaluations:
				[Enter data here]
		0		[Enter data here]
				. 1/1.
Special	Instructions/Conditions: 1st quarte	r payment is held until district assurance statement	s are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-	The state of the s	nents and receipt of properly reported CDIP report.		
	, , ,			
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
			a 4	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Russell Independent		⊠State
	Street Address:	409 Belfonte St.		□Federal
	City, State, Zip:	Russell, KY 41169		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01:11		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund		Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*4425		⊠ Other:
4	Grant Authority (Source): KRS 1	F9 702		
4.	Award Amount: \$47200	36.792	10.	Financial Reporting Method:
5. 6.	Period of Award: July 1st-June 30t	2021		☑ Electronic Submission
0.	remod of Award. July 1 -Julie 30	, 2021		□Other:
			11.	Evaluations:
				[Enter data here]
		Out		
		Our		
		Commons		014h
-	· ·		are c	ompleted correctly and submitted to KDE. 3rd quarter payment should be
held un	til completion of mid-year requiren	nents and receipt of properly reported CDIP report.		
				2 · · · · · · · · · · · · · · · · · · ·
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
		educa		

Δ.	Name and Address of Reci	pient	7.	Fund Type:	
	Agency Name:	Russellville Independent		⊠State	
	Street Address:	355 S. Summer St.		□Federal	
	City, State, Zip:	Russellville, KY 42276		□Other:	
2.	KDE Contact Information				
	Program Consultant:	Whitney Hamilton	8.	Method of Payment	
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request	
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement	
	Street Address:	300 Sower Blvd.			
	City, State Zip:	Frankfort, KY 40601		□Lump Sum	
				Receipt of Invoice from Vendor	
3.	Description/Fun Source of		7.	The eclipt of invoice from vendor	
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:	
	Fund Source:	General Fund	J.	Monthly	
	MUNIS Project Number:	182G		Quarterly	
	MOA Number:	20*4427		⊠Other:	
				∆Other.	
4.	Grant Authority (Source):	KRS 158.792	10	Financial Reporting Method:	
5.	Award Amount: \$47200		10.	⊠ Electronic Submission	
6.	Period of Award: July 1st-Ju	une 30 th , <mark>2021</mark>			
				□Other:	
			11	Fugluations	
			11.	Evaluations:	
				[Enter data here]	
			1111		
				4.4	
Special	Instructions/Conditions: 1	quarter nayment is held until district assurance	statements are s	ompleted correctly and submitted to KDE. 3rd qual	rtor navment should be
		equirements and receipt of properly reported CD		ompleted correctly and submitted to KDL. 5th qual	itei payinent should be
neiu un	tii completion or mid-year re	equirements and receipt of properly reported CD	летероп.		
	Authorized By (Name/Title	e): Krista Hall, Director of Program Standards		Date: August 26 th , 2020	
	Additionized by (Name, Title				
			icat		
			INGL		

1.	Name and Address of Recipient		/.	Fund Type:
	Agency Name:	Scott County		⊠State
	Street Address:	2168 Frankfort Pk., P.O. Box 578		□Federal
	City, State, Zip:	Georgetown, KY 40324		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.41		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Theceipt of invoice from vehiclo
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	9.	Monthly
	MUNIS Project Number:	182G		
	MOA Number:	20*4438		☐ Quarterly ☐ Other:
				Other:
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Deposition Matheda
5.	Award Amount: \$188800		10.	Financial Reporting Method:
6.	Period of Award: July 1st-June 30t	, 2021		⊠ Electronic Submission
				□ Other:
			11.	Evaluations:
				[Enter data here]
		()111	•	
		- Our		
	: /0 !::: 1	Common	EX76	alth a Arrangers
-	•	• •		ompleted correctly and submitted to KDE. 3rd quarter payment should be
neia un	til completion of mid-year requiren	nents and receipt of properly reported CDIP report.		
	Authorized Du (Nome / Title). Knie	to Hall Divertor of Decrease Standards		Date: August 20th 2020
	Authorized by (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
		Educa		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Shelby County		⊠State
	Street Address:	1155 West Main St., P.O. Box 159	10	□Federal
	City, State, Zip:	Shelbyville, KY 40066		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.41.1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Theceipt of invoice from vehiclo
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	9.	Monthly
	MUNIS Project Number:	182G		·
	MOA Number:	20*4440		☐ Quarterly ☐ Other:
				Other:
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Deposition Matheda
5.	Award Amount: \$283200		10.	Financial Reporting Method:
6.	Period of Award: July 1st-June 30t	^h , <mark>2021 </mark>		⊠ Electronic Submission
				□ Other:
			11.	Evaluations:
				[Enter data here]
		()111	•	
		Our		
	: /0 !::: 4	Common	X74	alth delivers and delivers
-		• •	s are c	ompleted correctly and submitted to KDE. 3rd quarter payment should be
neia un	til completion of mid-year requiren	nents and receipt of properly reported CDIP report.		
	Authorized Du/Norse/Title). Kris	to Hall Divertor of Dynamas Standards		Date: August 20th 2020
	Authorized by (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
		Educa		

1.	Name and Address of Recipien	t	7.	Fund Type:
	Agency Name:	Somerset Independent		⊠State
	Street Address:	305 College St.	A 1 74 F 2	□Federal
	City, State, Zip:	Somerset, KY 42501		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		✓ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
				Receipt of Invoice from Vendor
3.	Description/Fun Source of Awa	ard and Fiscal Year:		Receipt of invoice from vehicor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	9.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*4428		☑ Other:
				Aother.
4.	, ,	5 158.792	10	Financial Reporting Method:
5.	Award Amount: \$47200		10.	☐ Electronic Submission
6.	Period of Award: July 1st-June 3	30 th , 2021		
				□ Other:
			11	Evaluations:
			11.	
				[Enter data here]
)111°	
				4.4
Special	Instructions/Conditions: 1et qual	ter navment is held until district assurance	statements are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-		ements and receipt of properly reported CD		ompleted correctly and submitted to NDE. Six quarter payment should be
nera an	in completion of find year requi	ements and receipt of property reported es	on report.	
	Authorized By (Name/Title): K	rista Hall, Director of Program Standards		Date: August 26 th , 2020
	,, , ,			
			icat	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Spencer County		⊠State
	Street Address:	207 W. Main St.	10	□Federal
	City, State, Zip:	Taylorsville, KY 40071-8619		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
				Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	and Fiscal Year:		Theceipt of invoice from vehiclo
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	9.	Monthly
	MUNIS Project Number:	182G		·
	MOA Number:	20*4429		☐ Quarterly ☐ Other:
				Other:
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Deposition Matheda
5.	Award Amount: \$94400		10.	Financial Reporting Method:
6.	Period of Award: July 1st-June 30th	¹ , 2021		⊠ Electronic Submission
				□ Other:
			11.	Evaluations:
				[Enter data here]
		()111		
		Our		
		Commons	X7E	alth delivers and delivers
-	The state of the s	• •	are c	ompleted correctly and submitted to KDE. 3rd quarter payment should be
neia un	til completion of mid-year requiren	nents and receipt of properly reported CDIP report.		
	Authorized Du (Nome / Title). Kris	to Hall Divertor of Dunaryous Standards		Date: August 20th 2020
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
		educa		

1.	Name and Address of Recipien		7.	Fund Type:
	Agency Name:	Todd County		⊠State
	Street Address:	205 Airport Rd.		□Federal
	City, State, Zip:	Elkton, KY 42220		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		■ Automatic Payment
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
				Receipt of Invoice from Vendor
3.	Description/Fun Source of Awa		7.	The ceipt of invoice from vehicle
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	5.	□Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*4432		☑ Other:
_				Zottier.
4.	- 1	5 158.792	10	Financial Reporting Method:
5.	Award Amount: \$47200	acth again	10.	☐ Electronic Submission
6.	Period of Award: July 1st-June 3	30", 2021		Other:
				Dottler.
			11	Evaluations:
			11.	[Enter data here]
				[Lines data nere]
			Jur	
				1,1
Special	Instructions/Conditions: 1st quai	ter payment is held until district assurance:	statements are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-		ements and receipt of properly reported CD		, and a property
	, , ,		·	
	Authorized By (Name/Title): K	rista Hall, Director of Program Standards		Date: August 26 th , 2020
			loat	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Walton-Verona Independent		⊠State
	Street Address:	16 School Rd.		□Federal
	City, State, Zip:	Walton, KY 41094		□Other:
				18.
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		Lump Sum
	A	01.11		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	_	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*4433		⊠Other:
	Count Andharita (Canna) VDC 1	50.703		Zoticii
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Reporting Method:
5.	Award Amount: \$47200	2024		⊠ Electronic Submission
6.	Period of Award: July 1st-June 30th	, 2021		Other:
				Educi.
			11.	Evaluations:
				[Enter data here]
				terror and morel
		Our Our		
		Commence		-14
Special	Instructions/Conditions: 1st quarte	r payment is held until district assurance statements a	re co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
held unt	il completion of mid-year requiren	nents and receipt of properly reported CDIP report.		
	Authorized By (Name/Title): Krist	ta Hall, Director of Program Standards		Date: August 26 th , 2020
		a u u a		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Warren County		⊠State
	Street Address:	303 Lover's Ln., P.O. Box 51810	17212	□Federal
	City, State, Zip:	Bowling Green, KY 42102-6810		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.11		Receipt of Invoice from Vendor
3.	Description/Fun Source of Awa			The ceipt of invoice from vendor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	J.	□Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*4442		⊠Other:
				other.
4.	Grant Authority (Source): KRS	158.792	10	Financial Reporting Method:
5.	Award Amount: \$141600		10.	Electronic Submission
6.	Period of Award: July 1 st -June 3	o", 2021		Other:
				Dottler.
			11	Evaluations:
			11.	[Enter data here]
				[Litter data riere]
			111r	
				1.1
Special	Instructions/Conditions: 1st quar	ter navment is held until district assurance sta	atements are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
		ements and receipt of properly reported CDIP		Simple ted 2511 estily diffe 5405 interest to 1652. Six quarter payment should be
	oop.caaa. year require	, mente and receipt of property reported early		
	Authorized By (Name/Title): Kr	rista Hall, Director of Program Standards		Date: August 26 th , 2020
			cat	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Washington County		⊠State
	Street Address:	120 Mackville Hill Rd.		□Federal
	City, State, Zip:	Springfield, KY 40069		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
				Receipt of Invoice from Vendor
3.	Description/Fun Source of Awa		n.	Encecipt of invoice from vehicle
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	5.	□Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*4434		☑ Other:
_				Zotner.
4.		5 158.792	10	Financial Reporting Method:
5.	Award Amount: \$94400	ath again	10.	☐ Electronic Submission
6.	Period of Award: July 1st-June 3	30", 2021		Other:
				Dottler.
			11	Evaluations:
			11.	[Enter data here]
				[Lines data nere]
			Uur	
				1,1
Special	Instructions/Conditions: 1st quar	ter payment is held until district assurance	e statements are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-		ements and receipt of properly reported C		, and the property of the prop
	, , ,		·	
	Authorized By (Name/Title): K	rista Hall, Director of Program Standards		Date: August 26 th , 2020
			1001	
			ILa	

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Wayne County		⊠State
	Street Address:	1025 South Main St.		□Federal
	City, State, Zip:	Monticello, KY 42633		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.11.1		□ Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Encecipe of invoice from vendor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	٥.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*4435		⊠Other:
_				Zotici.
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Reporting Method:
5.	Award Amount: \$94400	2004	10.	⊠ Electronic Submission
6.	Period of Award: July 1st-June 30t	", 2021		Other:
				Dotter.
			11	Evaluations:
			-11.	[Enter data here]
				[Litter data nere]
			•	
				1.1
Special	Instructions/Conditions: 1st quarte	r payment is held until district assurance statement	ts are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-	· · · · · · · · · · · · · · · · · · ·	nents and receipt of properly reported CDIP report.		
	completion of this year requirem	and recorpt of property reported of a report		
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Whitley County		⊠State
	Street Address:	300 Main St.	72 6 27	□Federal
	City, State, Zip:	Williamsburg, KY 40769		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.11.1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	~		The celpt of invoice from vehicle
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	J.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*4443		⊠ Other:
				ZOUICI.
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Reporting Method:
5.	Award Amount: \$283200		10.	⊠ Electronic Submission
6.	Period of Award: July 1 st -June 30 ^t	", 2021		Other:
				□Other.
			11	Evaluations:
				[Enter data here]
				[Linter data nere]
			11	
				1,1
Special	Instructions/Conditions: 1st quarte	r navment is held until district assurance state	ments are co	mpleted correctly and submitted to KDE. 3rd quarter payment should be
-	The state of the s	nents and receipt of properly reported CDIP re		impleced confectly and submitted to RDEI staquatter payment should be
neid dir	an completion of this year requirer	rents and receipt of property reported obnive	po. c.	
	Authorized By (Name/Title): Kris	ta Hall, Director of Program Standards		Date: August 26 th , 2020
	,, , , , , , ,			

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Williamsburg Independent		⊠State
	Street Address:	1000 Main St.	10	□Federal
	City, State, Zip:	Williamsburg, KY 40769		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.11.1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award	~		Zinesept of invoice from ventor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	•	□Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*4437		⊠Other:
_				25 other.
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Reporting Method:
5.	Award Amount: \$47200	2024	-0.	☑ Electronic Submission
6.	Period of Award: July 1 st -June 30 th	', 2021		Other:
				Doulet.
			11	Evaluations:
				[Enter data here]
				[Effect data field]
		Our Contract of the Contract o		
				1/1.
Special	Instructions/Conditions: 1st quarter	r payment is held until district assurance statements	are c	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-	•	nents and receipt of properly reported CDIP report.		
	Authorized By (Name/Title): Krist	ta Hall, Director of Program Standards		Date: August 26 th , 2020
			1	
		4000		

1.	Name and Address of Recipient		7.	Fund Type:
	Agency Name:	Wolfe County		⊠State
	Street Address:	68 Main St., P.O. Box 160		□Federal
	City, State, Zip:	Campton, KY 41301		□Other:
2.	KDE Contact Information			
	Program Consultant:	Whitney Hamilton	8.	Method of Payment
	Street Address:	300 Sower Blvd.		☐ Federal Cash Request
	Budget Contact:	Leesa Unger		☐ Expenditure Reimbursement
	Street Address:	300 Sower Blvd.		
	City, State Zip:	Frankfort, KY 40601		□Lump Sum
		01.11.1		Receipt of Invoice from Vendor
3.	Description/Fun Source of Award			Encecipt of invoice from ventor
	Description:	FY21 Read to Achieve Grant	9.	Reimbursement Frequency:
	Fund Source:	General Fund	3.	Monthly
	MUNIS Project Number:	182G		Quarterly
	MOA Number:	20*4436		⊠Other:
				Motiler.
4.	Grant Authority (Source): KRS 1	58.792	10	Financial Reporting Method:
5.	Award Amount: \$94400		10.	⊠ Electronic Submission
6.	Period of Award: July 1 st -June 30 th	, 2021		Other:
				Dottler.
			11	Evaluations:
			11.	[Enter data here]
				[Litter data here]
			•	
				1.1
Special	Instructions/Conditions: 1st quarte	r navment is held until district assurance statement	ts are co	ompleted correctly and submitted to KDE. 3rd quarter payment should be
-	· · · · · · · · · · · · · · · · · · ·	nents and receipt of properly reported CDIP report.		impleted someonly and submitted to REE staquarter payment should be
nera an	in completion of find year requirem	ients and rescript of property reported obtrineports		
	Authorized By (Name/Title): Krist	ta Hall, Director of Program Standards		Date: August 26 th , 2020
	, , , , , , , , , , , , , , , , , , , ,			
		9644		