| 1. | Name and Address of Recipient | | 7. | Fund Type: |
|---------|---------------------------------------|---|--------|--|
| | Agency Name: | Anderson County Schools | | ⊠State |
| | Street Address: | 1160 Bypass North | 1 | □Federal |
| | City, State, Zip: | Lawerenceburg, KY 40342 | | □Other: |
| | | | | 462 |
| 2. | | | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | | ☐ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | ☐ Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | |
| | Street Address: | 300 Sower Blvd. | | Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | Receipt of Invoice from Vendor |
| | | Children. | | Encecipt of invoice from vendor |
| 3. | Description/Fun Source of Award | | 9. | Reimbursement Frequency: |
| | Description: | FY25 & FY26 Read to Achieve | J. | □Monthly |
| | Fund Source: | General Funds | | · |
| | MUNIS Project Number: | 182L & 182M | | Quarterly |
| | MOA Number: | 24*3988 | | ☑Other: 1 st and 3 rd quarters |
| _ | | | 10 | Financial Reporting Method: |
| 4. | Grant Authority (Source): KRS 15 | 8.792 | 10. | Electronic Submission: CDIP |
| 5. | Award Amount: 248000 | | | Other: |
| 6. | Period of Award: July 1st 2024 – J | une 30 th 2026 | | Dottler. |
| | | | 11. | Evaluations: |
| | | | | [Enter data here] |
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| 1. Sp | ecial Instructions/Conditions: 1st qu | uarter payment is held until district assurance stateme | ents a | are completed correctly and submitted to KDE. 3 rd quarter payment should |
| be | held until completion of mid-year r | equirements. | | 01+1 |
| | | | VC | alli Allin |
| 13. Aut | thorized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
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| | | Office of Teaching and Learning | | |
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| 1. | Name and Address of Recipie | nt | 7. | Fund Type: |
|--------|---------------------------------|---|----------------|--|
| | Agency Name: | Augusta Independent Schools | | ⊠State |
| | Street Address: | 307 Bracken St | mar | □Federal |
| | City, State, Zip: | Augusta, KY 41002 | | □Other: |
| | | | | |
| 2. | KDE Contact Information | C | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | - | □ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | ☐ Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | ⊠ Automatic Payment |
| | Street Address: | 300 Sower Blvd. | | Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | |
| | | Children | | Receipt of Invoice from Vendor |
| 3. | Description/Fun Source of Av | vard and Fiscal Year: | | Delineburgement Francisco |
| | Description: | FY25 & FY26 Read to Achieve | 9. | Reimbursement Frequency: |
| | Fund Source: | General Funds | | Monthly |
| | MUNIS Project Number: | 182L & 182M | | Quarterly |
| | MOA Number: | 24*3990 | | ☑Other: 1 st and 3 rd quarters |
| | | | | |
| 4. | Grant Authority (Source): KRS | 5 158.792 | 10 | Financial Reporting Method: |
| 5. | Award Amount: 62000 | | | ☑ Electronic Submission: CDIP |
| 6. | Period of Award: July 1st 2024 | – Jun <mark>e 30th 2026</mark> | | □Othe <mark>r:</mark> |
| | | | | |
| | | | 11. | . Eval <mark>uations: </mark> |
| | | | | [Enter data here] |
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| - | | | nce statements | are completed correctly and submitted to KDE. 3 rd quarter payment should |
| be | held until completion of mid-ye | ar requirements. | ONTE | and the second |
| | | Commi | OHW | taitti Alland |
| 13. Au | thorized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
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| | | Office of Teaching and Learning | | |
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| 1. | Name and Address of Recipient | | 7. | Fund Type: |
|-----------|--------------------------------------|--|---------|--|
| | Agency Name: | Barren County Schools | | ⊠State |
| | Street Address: | 202 W. Washington St | 10 | □Federal |
| | City, State, Zip: | Glasgow, KY 42141 | | □Other: |
| 2. | KDE Contact Information | CAR | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | - | ☐ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | □ Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | △ Automatic Payment |
| | Street Address: | 300 Sower Blvd. | | Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | Receipt of Invoice from Vendor |
| | | Children | | Execupt of invoice from vehiclo |
| 3. | Description/Fun Source of Awar | d and Fiscal Year: | 9. | Reimbursement Frequency: |
| | Description: | FY25 & FY26 Read to Achieve | 9. | Monthly |
| | Fund Source: | General Funds | | · |
| | MUNIS Project Number: | 182L & 182M | | Quarterly |
| | MOA Number: | 24*3991 | | ☑Other: 1 st and 3 rd quarters |
| | | | 10 | Financial Reporting Method: |
| 4. | Grant Authority (Source): KRS 15 | 58.792 | 10. | ☑ Electronic Submission: CDIP |
| 5. | Award Amount: 434000 | a oth ood s | | Other: |
| 6. | Period of Award: July 1st 2024 – | June 30 4 2026 | | Dottler. |
| | | | 11. | Evaluations: |
| | | | | [Enter data here] |
| | | | | |
| 1. Sp | ecial Instructions/Conditions: 1st q | uarter payment is held until district assurance staten | nents a | are completed correctly and submitted to KDE. 3 rd quarter payment should |
| be | held until completion of mid-year | requirements. | WE | ealth Anna |
| 13. Aut | chorized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
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| | | Office of Teaching and Learning | | |
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| 1. | Name and Address of Recipient | | 7. | Fund Type: |
|----------|---|--|------|--|
| | Agency Name: | Bourbon County Schools | | ⊠State |
| | Street Address: | 3343 Lexington Rd. | 1 | □Federal |
| | City, State, Zip: | Paris, KY 40361 | | □Other: |
| 2 | WDF 0 | | | TYCA . |
| 2. | | | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | | ☐ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | ☐ Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | |
| | Street Address: | 300 Sower Blvd. | | □Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | Receipt of Invoice from Vendor |
| | | Se Children, | | |
| 3. | Description/Fun Source of Awar | | 9. | Reimbursement Frequency: |
| | Description: | FY25 & FY26 Read to Achieve | - | □Monthly |
| | Fund Source: | General Funds | | Quarterly |
| | MUNIS Project Number: | 182L & 182M | | ☑ Other: 1 st and 3 rd quarters |
| | MOA Number: | 24*3992 | | Mother: 1 and 3 quarters |
| 4 | Grant Authority (Source), KDC 15 | 29.702 | 10. | Financial Reporting Method: |
| 4. | Grant Authority (Source): KRS 15 Award Amount: 186000 | 06.792 | | ⊠ Electronic Submission: CDIP |
| 5. 6. | Period of Award: July 1st 2024 – | lung 20 th 2026 | | □Other: |
| 0. | Period of Award. July 1 2024 - 3 | Julie 30 2020 | | |
| | | | 11. | Evaluations: |
| | | | | [Enter data here] |
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| 1. Sp | ecial Instructions/Conditions: 1st q | uarter payment is held until district assurance statem | ents | are completed correctly and submitted to KDE. 3 rd quarter payment should |
| be | held until completion of mid-year | requirements. | | 01+1 |
| | | | VC | aiui Anna |
| 13. Aut | thorized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
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| 1. | Name and Address of Recipient | | 7. | Fund Type: |
|-----------|--|-----------------------------------|--------|--|
| | Agency Name: | Bowling Green Independent Schools | | ⊠State |
| | Street Address: | 1211 Center St | P | □Federal |
| | City, State, Zip: | Bowling Green, KY 42101 | | □Other: |
| 2. | KDE Contact Information | C | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | | □ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | □Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | ■ Automatic Payment |
| | Street Address: | 300 Sower Blvd. | | Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | Receipt of Invoice from Vendor |
| | | Children. | | |
| 3. | Description/Fun Source of Award | | 9. | Reimbursement Frequency: |
| | Description: | FY25 & FY26 Read to Achieve | ٠. | □Monthly |
| | Fund Source: | General Funds | | Quarterly |
| | MUNIS Project Number: | 182L & 182M | | ☑ Other: 1 st and 3 rd quarters |
| | MOA Number: | 24*3993 | | Source: 1 and 5 quarters |
| 4. | Grant Authority (Source): KRS 158 | 3 792 | 10. | Financial Reporting Method: |
| 5. | Award Amount: 62000 | 3.732 | | ☑ Electronic Submission: CDIP |
| 6. | Period of Award: July 1 st 2024 – Ju | une 30 th 2026 | | □Other: |
| | | | | |
| | | | 11. | Evaluations: |
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| - | The state of the s | | ents a | are completed correctly and submitted to KDE. 3 rd quarter payment should |
| be | held until completion of mid-year re | Commony | VE | ealth Anna |
| 13. Aut | horized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
| | | Office of Teaching and Learning | | |
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| 1. | Name and Address of Recipient | | 7. | Fund Type: |
|---------|------------------------------------|--|----------|--|
| | Agency Name: | Boyle County Schools | | ⊠State |
| | Street Address: | 101 Citation Dr Suite C | 10 | □Federal |
| | City, State, Zip: | Danville, KY 40422 | | □Other: |
| | | | | 462 |
| 2. | | | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | | ☐ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | ☐ Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | |
| | Street Address: | 300 Sower Blvd. | | □Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | Receipt of Invoice from Vendor |
| | | Children. | | Encecipt of invoice from vendor |
| 3. | Description/Fun Source of Awar | | 9. | Reimbursement Frequency: |
| | Description: | FY25 & FY26 Read to Achieve | J. | Monthly |
| | Fund Source: | General Funds | | Quarterly |
| | MUNIS Project Number: | 182L & 182M | | · · |
| | MOA Number: | 24*3995 | | ☑ Other: 1 st and 3 rd quarters |
| | | | 10 | Financial Reporting Method: |
| 4. | Grant Authority (Source): KRS 1 | 58.792 | 10. | ⊠ Electronic Submission: CDIP |
| 5. | Award Amount: 62000 | | | Other: |
| 6. | Period of Award: July 1st 2024 – | Jun <mark>e 30[™] 2026</mark> | | Dottler: |
| | | | 11 | Evaluations: |
| | | | 11. | [Enter data here] |
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| 1 Sn | ecial Instructions/Conditions: 1st | warter navment is held until district assurance staten | nents : | are completed correctly and submitted to KDE. 3rd quarter payment should |
| - | held until completion of mid-year | | il Circo | are completed correctly and submitted to RDE. 3 quarter payment should |
| 50 | neid until completion of find year | Commons | WE | ealth Asses |
| 13. Aut | thorized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
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| 1. | Name and Address of Recipient | | 7. | Fund Type: | |
|-----------|--|--|--------|--|--|
| | Agency Name: | Breathitt County Schools | | ⊠State | |
| | Street Address: | PO Box 750 | 10 | □Federal | |
| | City, State, Zip: | Jackson, KY 41339 | | □Other: | |
| 2. | KDE Contact Information | Cha | | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment | |
| | Street Address: | 300 Sower Blvd. | | ☐ Federal Cash Request | |
| | City, State Zip: | Frankfort, KY 40601 | | ☐ Expenditure Reimbursement | |
| | Budget Contact: | Shelby Clontz | | ■ Automatic Payment | |
| | Street Address: | 300 Sower Blvd. | | Lump Sum | |
| | City, State Zip: | Frankfort, KY 40601 | | Receipt of Invoice from Vendor | |
| | | Children | | The ceipt of invoice noin vehicle | |
| 3. | Description/Fun Source of Award | and Fiscal Year: | 9. | Reimbursement Frequency: | |
| | Description: | FY25 & FY26 Read to Achieve | 9. | Monthly | |
| | Fund Source: | General Funds | | · | |
| | MUNIS Project Number: | 182L & 182M | | Quarterly Other: 15 and 3rd quarters | |
| | MOA Number: | 24*3996 | | ☑Other: 1 st and 3 rd quarters | |
| 4 | Grant Authority (Source): KRS 158 | 2.702 | 10. | Financial Reporting Method: | |
| 4. | Award Amount: 186000 | 3.792 | | ⊠ Electronic Submission: CDIP | |
| 5. 6. | Period of Award: July 1st 2024 – July 1st 2024 | uno 20th 2026 | | □Other: | |
| 0. | Period of Award. July 1 2024 – Ju | 30 2020 | | | |
| | | | 11. | Evaluations: | |
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| | | 0110 | | | |
| 1. Sp | ecial Instructions/Conditions: 1st qu | arter payment is held until district assurance stateme | ents a | are completed correctly and submitted to KDE. 3 rd quarter payment should | |
| be | held until completion of mid-year r | equirements. | VE | ealth Anna | |
| 13. Aut | horized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 | |
| | | Office of Teaching and Learning | | | |
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| 1. | Name and Address of Recipient | | 7. | Fund Type: |
|---------|--------------------------------------|---|-------|--|
| | Agency Name: | Burgin Independent Schools | | ⊠State |
| | Street Address: | 140 Danville Rd | 10 | □Federal |
| | City, State, Zip: | Burgin, KY 40310 | | □Other: |
| | | | | |
| 2. | KDE Contact Information | Class | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | | ☐ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | □ Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | ■ Automatic Payment |
| | Street Address: | 300 Sower Blvd. | | Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | |
| | | Children | | Receipt of Invoice from Vendor |
| 3. | Description/Fun Source of Award | d and Fiscal Year: | 0 | S. i.e. |
| | Description: | FY25 & FY26 Read to Achieve | 9. | Reimbursement Frequency: |
| | Fund Source: | General Funds | | Monthly |
| | MUNIS Project Number: | 182L & 182M | | Quarterly |
| | MOA Number: | 24*3997 | | ☑Other: 1 st and 3 rd quarters |
| | | | | |
| 4. | Grant Authority (Source): KRS 15 | 8.792 | 10. | Financial Reporting Method: |
| 5. | Award Amount: 62000 | | | ☑ Electronic Submission: CDIP |
| 6. | Period of Award: July 1st 2024 - J | un <mark>e 30th 20</mark> 26 | | □Othe <mark>r:</mark> |
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| | | | 11. | Evaluations: |
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| 1. Spe | ecial Instructions/Conditions: 1st q | uarter payment is held until district assurance state | ments | are completed correctly and submitted to KDE. 3 rd quarter payment should |
| be | held until completion of mid-year i | requirements. | | olth Aller |
| | | COMMITTON | WC | aitii Amar |
| 13. Aut | horized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
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| 1. | Name and Address of Recipi | ent | 7. | Fund Type: | |
|---------|--------------------------------|---|-----------------|---|------|
| | Agency Name: | Campbellsville Independent Schools | | ⊠State | |
| | Street Address: | 136 South Columbia Avenue | | □Federal | |
| | City, State, Zip: | Campbellsville, KY 42718 | | □Other: | |
| | | | | 46 | |
| 2. | KDE Contact Information | Char | | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment | |
| | Street Address: | 300 Sower Blvd. | | ☐ Federal Cash Request | |
| | City, State Zip: | Frankfort, KY 40601 | | ☐ Expenditure Reimbursement | |
| | Budget Contact: | Shelby Clontz | | △ Automatic Payment | |
| | Street Address: | 300 Sower Blvd. | | □Lump Sum | |
| | City, State Zip: | Frankfort, KY 40601 | | Receipt of Invoice from Vendor | |
| | | Children | | Theceipt of invoice from vehicor | |
| 3. | Description/Fun Source of A | ward and Fiscal Year: | 9. | Reimbursement Frequency: | |
| | Description: | FY25 & FY26 Read to Achieve | 9. | Monthly | |
| | Fund Source: | General Funds | | • | |
| | MUNIS Project Number: | 182L & 182M | | □ Quarterly | |
| | MOA Number: | 24*3998 | | ⊠Other: 1 st and 3 rd quarters | |
| | | | 10 | Figure dal Describe Marks de | |
| 4. | Grant Authority (Source): KR | RS 158.792 | 10. | Financial Reporting Method: | |
| 5. | Award Amount: 62000 | | | ⊠ Electronic Submission: CDIP | |
| 6. | Period of Award: July 1st 202 | 4 – Ju <mark>ne 30th 2026</mark> | | □Other: | |
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| | | | 11. | Evaluations: | |
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| - | | | ce statements a | are completed correctly and submitted to KDE. 3 rd quarter payment sho | ould |
| be | held until completion of mid-y | rear requirements. | ONTE | alth Alle | |
| | | COMMI | | aitti | |
| 13. Aut | horized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 | |
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| 1. | Name and Address of Recipient | | 7. | Fund Type: |
|-----------|-----------------------------------|---|---------|---|
| | Agency Name: | Carter County Schools | | ⊠State |
| | Street Address: | 228 S. Carol Malone Blvd. | | □Federal |
| | City, State, Zip: | Grayson, KY 41143 | | □Other: |
| 2. | KDE Contact Information | CAR | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | 0. | □ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | □ Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | ■ Automatic Payment |
| | Street Address: | 300 Sower Blvd. | | Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | Receipt of Invoice from Vendor |
| 2 | Description /Francisco | Salva Children. | | |
| 3. | Description/Fun Source of Awar | | 9. | Reimbursement Frequency: |
| | Description: Fund Source: | FY25 & FY26 Read to Achieve General Funds | | □Monthly |
| | MUNIS Project Number: | 182L & 182M | | Quarterly |
| | MOA Number: | 24*3999 | | ☑ Other: 1 st and 3 rd quarters |
| | WOA Number. | 24 3333 | | |
| 4. | Grant Authority (Source): KRS 15 | 58 792 | 10. | Financial Reporting Method: |
| 5. | Award Amount: 248000 | 56.752 | | ☑ Electronic Submission: CDIP |
| 6. | Period of Award: July 1st 2024 – | June 30 th 2026 | | □Other: |
| | , , | | | |
| | | | 11. | Evaluations: |
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| | | | ments a | are completed correctly <mark>and submitted to</mark> KDE. 3 rd quarter payment should |
| be | held until completion of mid-year | requirements. | WE | ealth American |
| 13. Aut | horized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
| | | Office of Teaching and Learning | | |
| Education | | | | |

| 1. | Name and Address of Recipient | | 7. | Fund Type: |
|---------|--------------------------------------|--|-------|--|
| | Agency Name: | Caverna Independent Schools | | ⊠State |
| | Street Address: | 1102 N Dixie Hwy | 10 | □Federal |
| | City, State, Zip: | Cave City, KY 42127 | | □Other: |
| | | | | |
| 2. | KDE Contact Information | CASO | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | | ☐ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | □ Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | ■ Automatic Payment |
| | Street Address: | 300 Sower Blvd. | | Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | |
| | | Children | | Receipt of Invoice from Vendor |
| 3. | Description/Fun Source of Award | d and Fiscal Year: | _ | Dain burn and Francisco |
| | Description: | FY25 & FY26 Read to Achieve | 9. | Reimbursement Frequency: |
| | Fund Source: | General Funds | | Monthly |
| | MUNIS Project Number: | 182L & 182M | | Quarterly |
| | MOA Number: | 24*4000 | | ☑ Other: 1 st and 3 rd quarters |
| | | | | |
| 4. | Grant Authority (Source): KRS 15 | 8.792 | 10. | Financial Reporting Method: |
| 5. | Award Amount: 62000 | | | ☑ Electronic Submission: CDIP |
| 6. | Period of Award: July 1st 2024 - J | un <mark>e 30th 20</mark> 26 | | □Othe <mark>r:</mark> |
| | | | | |
| | | | 11. | Evaluations: |
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| 1. Spe | ecial Instructions/Conditions: 1st q | uarter payment is held until district assurance stater | nents | are completed correctly and submitted to KDE. 3 rd quarter payment should |
| be | held until completion of mid-year i | requirements. | | olth Aller |
| | | | WC | alli Anna |
| 13. Aut | horized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
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| 1. | Name and Address of Recipient | | 7. | Fund Type: |
|---------|--------------------------------------|---|----------------|--|
| | Agency Name: | Clay County Schools | | ⊠State |
| | Street Address: | 128 Richmond Rd | 10 | □Federal |
| | City, State, Zip: | Manchester, KY 40962 | | □Other: |
| | | | | |
| 2. | KDE Contact Information | C | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | | ☐ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | □ Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | ■ Automatic Payment |
| | Street Address: | 300 Sower Blvd. | | Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | |
| | | Children | | Receipt of Invoice from Vendor |
| 3. | Description/Fun Source of Awar | d and Fiscal Year: | 0 | Baile Land and English and Eng |
| | Description: | FY25 & FY26 Read to Achieve | 9. | Reimbursement Frequency: |
| | Fund Source: | General Funds | | Monthly |
| | MUNIS Project Number: | 182L & 182M | | Quarterly |
| | MOA Number: | 24*4002 | | ☑ Other: 1 st and 3 rd quarters |
| | | | | |
| 4. | Grant Authority (Source): KRS 15 | 58.792 | 10. | Financial Reporting Method: |
| 5. | Award Amount: 434000 | | | ☑ Electronic Submission: CDIP |
| 6. | Period of Award: July 1st 2024 - | Jun <mark>e 30th 20</mark> 26 | | □Othe <mark>r:</mark> |
| | | | | |
| | | | 11. | Evaluations: |
| | | | | [Enter data here] |
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| 1. Spe | ecial Instructions/Conditions: 1st q | uarter payment is held until district assurance state | ements | are completed correctly and submitted to KDE. 3 rd quarter payment should |
| be | held until completion of mid-year | requirements. | T T T T | 01+1 |
| | | | WC | alli Anna |
| 13. Aut | horized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
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| | | Office of Teaching and Learning | | |
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| 1. | Name and Address of Recipient | | 7. | Fund Type: |
|---------|---------------------------------------|--|-------|---|
| | Agency Name: | Clinton County Schools | | ⊠State |
| | Street Address: | 1273 KY Hwy 90 West Ste 103 | 10 | □Federal |
| | City, State, Zip: | Albany, KY 42602 | | □Other: |
| | | | | |
| 2. | KDE Contact Information | CASO | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | | ☐ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | □ Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | ■ Automatic Payment |
| | Street Address: | 300 Sower Blvd. | | Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | |
| | | Children | | Receipt of Invoice from Vendor |
| 3. | Description/Fun Source of Award | d and Fiscal Year: | _ | Data by the state of the state |
| | Description: | FY25 & FY26 Read to Achieve | 9. | Reimbursement Frequency: |
| | Fund Source: | General Funds | | Monthly |
| | MUNIS Project Number: | 182L & 182M | | Quarterly |
| | MOA Number: | 24*4001 | | ☑ Other: 1 st and 3 rd quarters |
| | | | | |
| 4. | Grant Authority (Source): KRS 15 | 8.792 | 10. | Financial Reporting Method: |
| 5. | Award Amount: 62000 | | | ☑ Electronic Submission: CDIP |
| 6. | Period of Award: July 1st 2024 - J | un <mark>e 30th 20</mark> 26 | | □Othe <mark>r:</mark> |
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| | | | 11. | Evaluations: |
| | | | | [Enter data here] |
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| 1. Spe | ecial Instructions/Conditions: 1st qu | uarter payment is held until district assurance stater | nents | are completed correctly and submitted to KDE. 3 rd quarter payment should |
| be | held until completion of mid-year r | requirements. | | olth Aller |
| | | | WC | allii Ameri |
| 13. Aut | horized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
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| 1. | Name and Address of Recipient | | 7. | Fund Type: |
|---------|--|---|---------|--|
| | Agency Name: | Corbin Independent Schools | | ⊠State |
| | Street Address: | 108 Roy Kidd Ave | P | □Federal |
| | City, State, Zip: | Corbin, KY 40701 | | □Other: |
| 2. | KDE Contact Information | Chris | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | | □ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | □ Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | △ Automatic Payment |
| | Street Address: | 300 Sower Blvd. | | Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | Receipt of Invoice from Vendor |
| | | Children | | Execupt of invoice from vendor |
| 3. | Description/Fun Source of Award | and Fiscal Year: | 9. | Reimbursement Frequency: |
| | Description: | FY25 & FY26 Read to Achieve | 9. | Monthly |
| | Fund Source: | General Funds | | · |
| | MUNIS Project Number: | 182L & 182M | | Quarterly |
| | MOA Number: | 24*4621 | | ☑Other: 1 st and 3 rd quarters |
| | | | 10 | Singuisial Demonstrate Matheda |
| 4. | Grant Authority (Source): KRS 158 | 3.792 | 10. | Financial Reporting Method: |
| 5. | Award Amount: 62000 | | | ☐ Electronic Submission: CDIP |
| 6. | Period of Award: July 1st 2024 – July 1st 2024 | un <mark>e 30th 2026</mark> | | □Other: |
| | | | 44 | Fuglishings |
| | | | 11. | Evaluations: |
| | | | | [Enter data here] |
| 1 Sn | ocial Instructions/Conditions: 1st gu | uarter nayment is held until district assurance stateme | ntc - | are completed correctly and submitted to KDE. 3rd quarter payment should |
| - | held until completion of mid-year r | | בוונא מ | are completed correctly and submitted to KDE. 3 quarter payment should |
| be | neid until completion of mid-year i | Commony | VE | ealth Anna |
| 13. Aut | horized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
| | | Office of Teaching and Learning | | |
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| 1. | Name and Address of Recipient | | 7. | Fund Type: |
|---------|-----------------------------------|--|-------------------|--|
| | Agency Name: | Crittenden County Schools | | ⊠State |
| | Street Address: | 601 W Elm St | | □Federal |
| | City, State, Zip: | Marion, KY 42064 | | □Other: |
| | | | | 416 |
| 2. | KDE Contact Information | | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | | ☐ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | ☐ Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | ■ Automatic Payment |
| | Street Address: | 300 Sower Blvd. | | Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | Receipt of Invoice from Vendor |
| | | Children | 7 | The ceipt of invoice from vehicor |
| 3. | Description/Fun Source of Awar | d and Fiscal Year: | -9 | Reimbursement Frequency: |
| | Description: | FY25 & FY26 Read to Achieve | 9. | |
| | Fund Source: | General Funds | | Monthly |
| | MUNIS Project Number: | 182L & 182M | | Quarterly |
| | MOA Number: | 24*4622 | | ☑ Other: 1 st and 3 rd quarters |
| | | | | |
| 4. | Grant Authority (Source): KRS 1 | 58.792 | 10. | Financial Reporting Method: |
| 5. | Award Amount: 62000 | | | ☑ Electronic Submission: CDIP |
| 6. | Period of Award: July 1st 2024 – | Jun <mark>e 30th 20</mark> 26 | | □Othe <mark>r:</mark> |
| | | | | |
| | | | 11. | Evaluations: |
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| | | | ince statements a | are completed correctly and submitted to KDE. 3 rd quarter payment should |
| be | held until completion of mid-year | requirements. | OPTIC | oolth American |
| | | Commi | OHVVC | aith Anna |
| 13. Aut | :horized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
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| | | Office of Teaching and Learning | | |
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| 1. | Name and Address of Recipient | | 7. | Fund Type: |
|---------|-----------------------------------|--|-------------|---|
| | Agency Name: | Cumberland County Schools | | ⊠State |
| | Street Address: | 810 N Main St | an | □Federal |
| | City, State, Zip: | Burskeville, KY 42717 | | □Other: |
| 2. | KDE Contact Information | C | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | 0. | □ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | ☐ Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | ✓ Automatic Payment |
| | Street Address: | 300 Sower Blvd. | | · |
| | City, State Zip: | Frankfort, KY 40601 | | Lump Sum |
| | | Children | | Receipt of Invoice from Vendor |
| 3. | Description/Fun Source of Awar | rd and Fiscal Year: | | |
| | Description: | FY25 & FY26 Read to Achieve | 9. | Reimbursement Frequency: |
| | Fund Source: | General Funds | | Monthly |
| | MUNIS Project Number: | 182L & 182M | | Quarterly |
| | MOA Number: | 24*4623 | | ☑Other: 1 st and 3 rd quarters |
| | | | | |
| 4. | Grant Authority (Source): KRS 1 | 58.792 | 10. | Financial Reporting Method: |
| 5. | Award Amount: 62000 | | | ☑ Electronic Submission: CDIP |
| 6. | Period of Award: July 1st 2024 - | Jun <mark>e 30th 20</mark> 26 | | □Othe <mark>r:</mark> |
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| | | | 11. | Evaluations: |
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| | | | tatements a | re completed correctly and submitted to KDE. 3 rd quarter payment should |
| be | held until completion of mid-year | requirements. | nwe | alth American |
| 13. Aut | horized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
| | | Office of Teaching and Learning | | |
| | | Educ | at | |
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| 1. | Name and Address of Recipient | | 7. | Fund Type: |
|--------|-------------------------------------|--|-------|--|
| | Agency Name: | Fairview Independent Schools | | ⊠State |
| | Street Address: | 2100 Main St | 10 | □Federal |
| | City, State, Zip: | Ashland, KY 41102 | | □Other: |
| | | | | 416 |
| 2. | KDE Contact Information | | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | | ☐ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | ☐ Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | |
| | Street Address: | 300 Sower Blvd. | | Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | Receipt of Invoice from Vendor |
| | | (hildren | | Electric of invoice from vehiclo |
| 3. | Description/Fun Source of Award | and Fiscal Year: | 9. | Reimbursement Frequency: |
| | Description: | FY25 & FY26 Read to Achieve | Э. | Monthly |
| | Fund Source: | General Funds | | · |
| | MUNIS Project Number: | 182L & 182M | | Quarterly |
| | MOA Number: | 24*4624 | | ☑ Other: 1 st and 3 rd quarters |
| | | | 10 | Singuisial Demonstrate Matheda |
| 4. | Grant Authority (Source): KRS 15 | 3.792 | 10. | Financial Reporting Method: |
| 5. | Award Amount: 62000 | | | ⊠ Electronic Submission: CDIP |
| 6. | Period of Award: July 1st 2024 – J | u <mark>ne 30th 2026</mark> | | □Other: |
| | | | 44 | |
| | | | 11. | Evaluations: |
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| 1 6 | | | | are completed correctly and submitted to KDE. 3 rd quarter payment should |
| | held until completion of mid-year r | | nents | are completed correctly and submitted to KDE. 3.4 quarter payment should |
| ье | neid until completion of mid-year r | equirements. | WE | ealth American |
| 13 Aut | horized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
| 13. Au | monzed by (Nume, mic). | Which hay, effer Academic Officer | | Dutc. 7/10/2024 |
| | | Office of Teaching and Learning | | |
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| 1. | Name and Address of Recipient | | 7. | Fund Type: |
|--------|---|--|--------|--|
| | Agency Name: | Fayette County Schools | | ⊠State |
| | Street Address: | 450 Park Place | 10 | □Federal |
| | City, State, Zip: | Lexington, KY 40511 | | □Other: |
| | | | | 482 |
| 2. | | | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | | ☐ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | ☐ Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | |
| | Street Address: | 300 Sower Blvd. | | □Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | Receipt of Invoice from Vendor |
| | | → Children • | | Encecipt of invoice from vehicle |
| 3. | Description/Fun Source of Award | | 9. | Reimbursement Frequency: |
| | Description: | FY25 & FY26 Read to Achieve | J. | Monthly |
| | Fund Source: | General Funds | | · |
| | MUNIS Project Number: | 182L & 182M | | Quarterly |
| | MOA Number: | 24*4626 | | ☑Other: 1 st and 3 rd quarters |
| | | | 10 | Financial Reporting Method: |
| 4. | Grant Authority (Source): KRS 15 | 8.792 | 10. | ☑ Electronic Submission: CDIP |
| 5. | Award Amount: 1302000 | | | |
| 6. | Period of Award: July 1st 2024 – July | un <mark>e 30th 2026</mark> | | □Other: |
| | | | 11 | Evaluations: |
| | | | 11. | [Enter data here] |
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| 1. Sn | ecial Instructions/Conditions: 1st qu | uarter navment is held until district assurance statem | ents a | are completed correctly and submitted to KDE. 3rd quarter payment should |
| | held until completion of mid-year r | | | - 141- |
| | , and an | Commony | VE | ealth Anna |
| 13. Au | thorized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
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| 1. | Name and Address of Recipient | | 7. | Fund Type: |
|---------|---------------------------------------|--|---------|---|
| | Agency Name: | Franklin County Schools | | ⊠State |
| | Street Address: | 190 Kings Daughters Dr. #300 | 10 | □Federal |
| | City, State, Zip: | Franfort, KY 40601 | | □Other: |
| | | | | |
| 2. | KDE Contact Information | | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | | ☐ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | □ Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | ■ Automatic Payment |
| | Street Address: | 300 Sower Blvd. | | Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | |
| | | Children | | Receipt of Invoice from Vendor |
| 3. | Description/Fun Source of Award | I and Fiscal Year: | _ | Data by the state of the state |
| | Description: | FY25 & FY26 Read to Achieve | 9. | Reimbursement Frequency: |
| | Fund Source: | General Funds | | Monthly |
| | MUNIS Project Number: | 182L & 182M | | Quarterly |
| | MOA Number: | 24*4180 | | ☑ Other: 1 st and 3 rd quarters |
| | | | | |
| 4. | Grant Authority (Source): KRS 15 | 8.792 | 10. | Financial Reporting Method: |
| 5. | Award Amount: 248000 | | | ☑ Electronic Submission: CDIP |
| 6. | Period of Award: July 1st 2024 - J | un <mark>e 30th 20</mark> 26 | | □Othe <mark>r:</mark> |
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| | | | 11. | Evaluations: |
| | | | | [Enter data here] |
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| 1. Spe | ecial Instructions/Conditions: 1st qu | uarter payment is held until district assurance statem | nents a | are completed correctly and submitted to KDE. 3 rd quarter payment should |
| be | held until completion of mid-year r | equirements. | | olth Aller |
| | | COMMINION | VC | allii Ameri |
| 13. Aut | horized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
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| 1. | Name and Address of Re | · · | 7. Fund Type: | |
|----------------|--|---|---|-----------|
| | Agency Name: | Garrard County Schools | ⊠State | |
| | Street Address: | 322 West Maple Ave | □Federal | |
| | City, State, Zip: | Lancaster, KY 40444 | □Other: | |
| 2. | KDE Contact Information Program Consultant: Street Address: City, State Zip: | Dainelle Ward 300 Sower Blvd. Frankfort, KY 40601 | 8. Method of Payment ☐ Federal Cash Request ☐ Expenditure Reimbursement | |
| | Budget Contact: Street Address: City, State Zip: | Shelby Clontz 300 Sower Blvd. Frankfort, KY 40601 | | |
| 3. | Description/Fun Source Description: Fund Source: MUNIS Project Number: MOA Number: | of Award and Fiscal Year: FY25 & FY26 Read to Achieve General Funds 182L & 182M 24*4631 | 9. Reimbursement Frequency: ☐ Monthly ☐ Quarterly ☑ Other: 1 st and 3 rd quarters | |
| 4. 5. 6. | Grant Authority (Source Award Amount: 186000 Period of Award: July 1 st | | 10. Financial Reporting Method: ☑ Electronic Submission: CDIP ☐ Other: 11. Evaluations: [Enter data here] | |
| be | held until completion of m | nid-year requirements. | nce statements are completed correctly and submitted to KDE. 3 rd quarter paymen | nt should |
| 13. Aut | horized By (Name/Title): | Micki Ray, Chief Academic Officer | Date: 7/10/2024 | |
| | | Office of Teaching and Learning | cation | |

| Street Address: City, State, Zip: PO Box 100 Greensburg, KY 42743 Other: | |
|---|----------------|
| | |
| 2. VDF Contact Information | |
| 2. KDE Contact Information Program Consultant: Street Address: City, State Zip: Budget Contact: Shelby Clontz Street Address: 300 Sower Blvd. City, State Zip: Frankfort, KY 40601 Street Address: City, State Zip: Frankfort, KY 40601 3. Description/Fun Source of Award and Fiscal Year: Description: Fund Source: Fund Source: General Funds 8. Method of Payment □ Expenditure Reimbursement □ Lump Sum □ Receipt of Invoice from Vendor 9. Reimbursement Frequency: □ Monthly □ Quarterly | |
| MUNIS Project Number: 182L & 182M MOA Number: 24*4632 □ Quartery □ Quartery □ Quartery □ Quartery □ Other: 1st and 3rd quarters | |
| 4. Grant Authority (Source): KRS 158.792 5. Award Amount: 62000 6. Period of Award: July 1 st 2024 – June 30 th 2026 10. Financial Reporting Method: □ Electronic Submission: CDIP □ Other: 11. Evaluations: [Enter data here] | |
| 1. Special Instructions/Conditions: 1st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3rd quarter be held until completion of mid-year requirements. | payment should |
| 13. Authorized By (Name/Title): Micki Ray, Chief Academic Officer Date: 7/10/2024 | |
| Office of Teaching and Learning | |

| 1. | Name and Address of Recipient | | 7. | Fund Type: |
|--------|--|--|-------|--|
| | Agency Name: | Hancock County Schools | | ⊠State |
| | Street Address: | 83 State Route 3543 | 10 | □Federal |
| | City, State, Zip: | Hawesville, KY 42348 | | □Other: |
| | | | | 416 |
| 2. | KDE Contact Information | Christian | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | | ☐ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | ☐ Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | |
| | Street Address: | 300 Sower Blvd. | | □Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | Receipt of Invoice from Vendor |
| | | Children. | | The celebral invoice from vehicle |
| 3. | Description/Fun Source of Award | d and Fiscal Year: | 9. | Reimbursement Frequency: |
| | Description: | FY25 & FY26 Read to Achieve | ٦. | Monthly |
| | Fund Source: | General Funds | | Quarterly |
| | MUNIS Project Number: | 182L & 182M | | ☑ Other: 1st and 3rd quarters |
| | MOA Number: | 24*4775 | | Mother: 1" and 3" quarters |
| | | | 10 | Financial Depositing Mathods |
| 4. | Grant Authority (Source): KRS 15 | 8.792 | 10. | Financial Reporting Method: ⊠ Electronic Submission: CDIP |
| 5. | Award Amount: 124000 | | | |
| 6. | Period of Award: July 1st 2024 – J | un <mark>e 30th 2026</mark> | | □Other: |
| | | | 44 | Fundament |
| | | | 11. | Evaluations: |
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| 1 5- | acial Instructions (Conditions, 1st a | carter neument is held until district assurance states | monto | are completed correctly and submitted to KDE. 3 rd quarter payment should |
| | held until completion of mid-year i | | nents | are completed correctly and submitted to KDE. 3° quarter payment should |
| be | field until completion of filld-year i | equirements. | WE | ealth American |
| 13 Aut | horized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
| 13. Au | monized by (Nume, mac). | When hay, emer Academic Officer | | Dutc. 7/10/2024 |
| | | Office of Teaching and Learning | | |
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| 1. | Name and Address of Recipient | | 7. | Fund Type: |
|---------|--------------------------------------|--|--------|--|
| | Agency Name: | Harlan Independent Schools | | ⊠State |
| | Street Address: | 420 E Central | 10 | □Federal |
| | City, State, Zip: | Harlan, KY 40831 | | □Other: |
| 2. | KDE Contact Information | CAS | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | ٥. | ☐ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | □ Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | ■ Automatic Payment |
| | Street Address: | 300 Sower Blvd. | | Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | Receipt of Invoice from Vendor |
| | | Children | | Executive in invoice from vehicle |
| 3. | Description/Fun Source of Award | d and Fiscal Year: | 9. | Reimbursement Frequency: |
| | Description: | FY25 & FY26 Read to Achieve | 9. | ☐ Monthly |
| | Fund Source: | General Funds | | · |
| | MUNIS Project Number: | 182L & 182M | | Quarterly |
| | MOA Number: | 24*4776 | | ☑Other: 1 st and 3 rd quarters |
| | | | 10 | Financial Reporting Method: |
| 4. | Grant Authority (Source): KRS 15 | 8.792 | 10. | Electronic Submission: CDIP |
| 5. | Award Amount: 62000 | 2.2th 2.2.2 | | Other: |
| 6. | Period of Award: July 1st 2024 – J | une 30 ⁴¹ 2026 | | Dottler. |
| | | | 11 | Evaluations: |
| | | | | [Enter data here] |
| | | | | [Emor data no.e] |
| 1. Sp | ecial Instructions/Conditions: 1st q | uarter payment is held until district assurance statem | ents a | are completed correctly and submitted to KDE. 3rd quarter payment should |
| - | held until completion of mid-year | | WE | ealth Anna |
| 13. Aut | horized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
| | | ,, | | 7,5,000 |
| | | Office of Teaching and Learning | | |
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| Agency Name: Street Address: 25 Quality St City, State, 2ip: Munfordville, KY 42765 2. KDE Contact Information Program Consultant: 300 Sower Blvd. City, State Zip: Frankfort, KY 40601 Budget Contact: Shelby Clontz Street Address: 300 Sower Blvd. City, State Zip: Frankfort, KY 40601 Budget Contact: Shelby Clontz Street Address: 300 Sower Blvd. City, State Zip: Frankfort, KY 40601 Budget Contact: Shelby Clontz Street Address: 300 Sower Blvd. City, State Zip: Frankfort, KY 40601 Budget Contact: Shelby Clontz Street Address: 300 Sower Blvd. City, State Zip: Frankfort, KY 40601 Bescription/Fun Source of Award and Fiscal Year: Description: FY25 & FY26 Read to Achieve Fund Source: General Funds MUNIS Project Number: 1821 & 1821M MOA Number: 24*4777 4. Grant Authority (Source): KRS 158.792 5. Award Amount: 310000 6. Period of Award: July 1 rd 2024 – June 30 rd 2026 11. Evaluations: [Enter data here] 1. Special Instructions/Conditions: 1 rd quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3 rd quarter payment should be held until completion of mid-year requirements. Office of Teaching and Learning | 1. | Name and Address of Recipient | | 7. | Fund Type: | |
|--|---------|--|--|-----------|--|--|
| City, State, Zip: Munfordville, KY 42765 | | Agency Name: | Hart County Schools | | ⊠State | |
| 2. KDE Contact Information Program Consultant: Street Address: 300 Sower Blvd. City, State Zip: Budget Contact: Shelby Clontz Street Address: 300 Sower Blvd. City, State Zip: Frankfort, KY 40601 Budget Contact: Street Address: 300 Sower Blvd. City, State Zip: Frankfort, KY 40601 Budget Contact: Street Address: 300 Sower Blvd. City, State Zip: Frankfort, KY 40601 3. Description/Fun Source of Award and Fiscal Year: Description: Fy25 & Fy26 Read to Achieve Fund Source: General Funds MUNIS Project Number: 1821 & 182M MOA Number: 24*4777 4. Grant Authority (Source): KRS 158.792 5. Award Amount: 310000 6. Period of Award: July 1st 2024 – June 30st 2026 10. Financial Reporting Method: Selectronic Submission: CDIP Other: 11. Evaluations: [Enter data here] 1. Special Instructions/Conditions: 1st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3st quarter payment should be held until completion of mid-year requirements. Office of Teaching and Learning | | Street Address: | 25 Quailty St | | □Federal | |
| Program Consultant: Street Address: 300 Sower Blvd. City, State Zip: Frankfort, KY 40601 Budget Contact: Street Address: 300 Sower Blvd. City, State Zip: Frankfort, KY 40601 Budget Contact: Street Address: 300 Sower Blvd. City, State Zip: Frankfort, KY 40601 3. Description: Fy25 & Fy26 Read to Achieve Description: Fund Source: General Funds MUNIS Project Number: MUNIS Project Number: MOA Number: 4. Grant Authority (Source): KRS 158.792 5. Award Amount: 310000 6. Period of Award: July 1st 2024 – June 30th 2026 11. Evaluations: Enter data here] 1. Special Instructions/Conditions: 1st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3st quarter payment should be held until completion of mid-year requirements. 8. Method of Payment Federal Cash Request Expenditure Reimbursement Authority Federal Cash Request Full Cather Foundation Federal Cash Request Federal Cash Request Federal Cash Request Full Cather Foundation Federal Cash Request Federal Cash Request Full Cather Foundation Federal Cash Request Full Cather Foundation Federal Cash Request Foundation Federal Cash Federal Cash Federal Cash Federal Cash Federal Cash Federal Cash F | | City, State, Zip: | Munfordville, KY 42765 | | □Other: | |
| Street Address: 300 Sower Blvd. Federal Cash Request Expenditure Reimbursement E | 2. | KDE Contact Information | C | | | |
| Street Address: City, State Zip: Budget Contact: Shelby Clontz Street Address: 300 Sower Blvd. Frankfort, KY 40601 Budget Contact: Street Address: City, State Zip: Frankfort, KY 40601 Budget Contact: Street Address: City, State Zip: Frankfort, KY 40601 Budget Contact: Street Address: City, State Zip: Frankfort, KY 40601 Bescription/Fun Source of Award and Fiscal Year: Description: FY25 & FY26 Read to Achieve Fund Source: General Funds MUNIS Project Number: MUNIS Project Number: MOA Number: 24*4777 4. Grant Authority (Source): KRS 158.792 5. Award Amount: 310000 6. Period of Award: July 1th 2024 – June 30th 2026 11. Evaluations: Enter data here] 1. Special Instructions/Conditions: 1th quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3th quarter payment should be held until completion of mid-year requirements. Office of Teaching and Learning | | Program Consultant: | Dainelle Ward | 8. | Method of Payment | |
| City, State Zip: Frankfort, KY 40601 Budget Contact: Shelby Clontz Street Address: 300 Sower Blvd. City, State Zip: Frankfort, KY 40601 3. Description/Fun Source of Award and Fiscal Year: Description: FY25 & FY26 Read to Achieve Fund Source: General Funds MUNIS Project Number: 182L & 182M MOA Number: 24*4777 4. Grant Authority (Source): KRS 158.792 5. Award Amount: 310000 6. Period of Award: July 1 st 2024 – June 30 th 2026 10. Financial Reporting Method: © Electronic Submission: CDIP Other: 11. Evaluations: [Enter data here] 1. Special Instructions/Conditions: 1 st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3 rd quarter payment should be held until completion of mid-year requirements. Office of Teaching and Learning | | Street Address: | 300 Sower Blvd. | | • | |
| Budget Contact: Street Address: 300 Sower Blvd. City, State Zip: Frankfort, KY 40601 3. Description/Fun Source of Award and Fiscal Year: Description: FY25 & FY26 Read to Achieve Fund Source: General Funds MUNIS Project Number: 182L & 182M MOA Number: 24*4777 4. Grant Authority (Source): KRS 158.792 5. Award Amount: 310000 6. Period of Award: July 1 18 2024 – June 30th 2026 10. Financial Reporting Method: Electronic Submission: CDIP Other: 11. Evaluations: [Enter data here] 1. Special Instructions/Conditions: 1st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3rd quarter payment should be held until completion of mid-year requirements. 13. Authorized By (Name/Title): Micki Ray, Chief Academic Officer Date: 7/10/2024 | | City, State Zip: | Frankfort, KY 40601 | | | |
| Street Address: City, State Zip: Frankfort, KY 40601 3. Description/Fun Source of Award and Fiscal Year: Description: FY25 & FY26 Read to Achieve Fund Source: MUNIS Project Number: MOA Number: 4. Grant Authority (Source): KRS 158.792 5. Award Amount: 310000 6. Period of Award: July 1st 2024 – June 30th 2026 10. Financial Reporting Method: MILIS Evaluations: [Enter data here] 1. Special Instructions/Conditions: 1st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3rd quarter payment should be held until completion of mid-year requirements. Micki Ray, Chief Academic Officer Office of Teaching and Learning | | Budget Contact: | Shelby Clontz | | | |
| City, State Zip: Frankfort, KY 40601 | | Street Address: | 300 Sower Blvd. | | · | |
| 3. Description/Fun Source of Award and Fiscal Year: Description: FY25 & FY26 Read to Achieve Fund Source: General Funds MUNIS Project Number: 182L & 182M MOA Number: 24*4777 4. Grant Authority (Source): KRS 158.792 5. Award Amount: 310000 6. Period of Award: July 1 st 2024 − June 30 th 2026 11. Evaluations: [Enter data here] 1. Special Instructions/Conditions: 1 st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3 rd quarter payment should be held until completion of mid-year requirements. 13. Authorized By (Name/Title): Micki Ray, Chief Academic Officer Date: 7/10/2024 Office of Teaching and Learning | | City, State Zip: | Frankfort, KY 40601 | | | |
| Description: FY25 & FY26 Read to Achieve Fund Source: General Funds MUNIS Project Number: 182 & 182 M MOA Number: 24*4777 4. Grant Authority (Source): KRS 158.792 5. Award Amount: 310000 6. Period of Award: July 1st 2024 – June 30th 2026 11. Evaluations: [Enter data here] 1. Special Instructions/Conditions: 1st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3rd quarter payment should be held until completion of mid-year requirements. 13. Authorized By (Name/Title): Micki Ray, Chief Academic Officer Office of Teaching and Learning | | | Children | | The ceipt of invoice noin vehicle | |
| Description: Fund Source: General Funds MUNIS Project Number: 182L & 182LM 24*4777 4. Grant Authority (Source): KRS 158.792 5. Award Amount: 310000 6. Period of Award: July 1st 2024 – June 30th 2026 11. Evaluations: [Enter data here] 1. Special Instructions/Conditions: 1st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3rd quarter payment should be held until completion of mid-year requirements. 13. Authorized By (Name/Title): Micki Ray, Chief Academic Officer Date: 7/10/2024 Office of Teaching and Learning | 3. | Description/Fun Source of Awar | rd and Fiscal Year: | ۵ | Paimhursement Fraguency: | |
| Hund Source: MUNIS Project Number: 182L & 182M MOA Number: 24*4777 4. Grant Authority (Source): KRS 158.792 5. Award Amount: 310000 6. Period of Award: July 1st 2024 – June 30th 2026 11. Evaluations: [Enter data here] 1. Special Instructions/Conditions: 1st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3rd quarter payment should be held until completion of mid-year requirements. 13. Authorized By (Name/Title): Micki Ray, Chief Academic Officer Date: 7/10/2024 Office of Teaching and Learning | | Description: | FY25 & FY26 Read to Achieve | 9. | | |
| MOA Number: 24*4777 | | Fund Source: | General Funds | | · | |
| 4. Grant Authority (Source): KRS 158.792 5. Award Amount: 310000 6. Period of Award: July 1 st 2024 – June 30 th 2026 10. Financial Reporting Method: □ Electronic Submission: CDIP □ Other: 11. Evaluations: [Enter data here] 1. Special Instructions/Conditions: 1 st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3 rd quarter payment should be held until completion of mid-year requirements. 13. Authorized By (Name/Title): Micki Ray, Chief Academic Officer Date: 7/10/2024 Office of Teaching and Learning | | | | | | |
| 5. Award Amount: 310000 6. Period of Award: July 1 st 2024 – June 30 th 2026 11. Evaluations: [Enter data here] 1. Special Instructions/Conditions: 1 st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3 rd quarter payment should be held until completion of mid-year requirements. 13. Authorized By (Name/Title): Micki Ray, Chief Academic Officer Date: 7/10/2024 Office of Teaching and Learning | | MOA Number: | 24*4777 | | Other: 14 and 35 quarters | |
| 5. Award Amount: 310000 6. Period of Award: July 1 st 2024 – June 30 th 2026 11. Evaluations: [Enter data here] 1. Special Instructions/Conditions: 1 st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3 rd quarter payment should be held until completion of mid-year requirements. 13. Authorized By (Name/Title): Micki Ray, Chief Academic Officer Date: 7/10/2024 Office of Teaching and Learning | | | | 10 | Financial Panarting Mathod | |
| 6. Period of Award: July 1 st 2024 – June 30 th 2026 11. Evaluations: [Enter data here] 1. Special Instructions/Conditions: 1 st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3 rd quarter payment should be held until completion of mid-year requirements. 13. Authorized By (Name/Title): Micki Ray, Chief Academic Officer Date: 7/10/2024 Office of Teaching and Learning | | | 58.792 | 10. | | |
| 11. Evaluations: [Enter data here] 1. Special Instructions/Conditions: 1st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3rd quarter payment should be held until completion of mid-year requirements. 13. Authorized By (Name/Title): Micki Ray, Chief Academic Officer Date: 7/10/2024 Office of Teaching and Learning | | | | | | |
| [Enter data here] 1. Special Instructions/Conditions: 1 st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3 rd quarter payment should be held until completion of mid-year requirements. 13. Authorized By (Name/Title): Micki Ray, Chief Academic Officer Date: 7/10/2024 Office of Teaching and Learning | 6. | Period of Award: July 1 st 2024 – | Jun <mark>e 30th 2026</mark> | | □other: | |
| [Enter data here] 1. Special Instructions/Conditions: 1 st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3 rd quarter payment should be held until completion of mid-year requirements. 13. Authorized By (Name/Title): Micki Ray, Chief Academic Officer Date: 7/10/2024 Office of Teaching and Learning | | | | 11 | Fuelvetions | |
| Special Instructions/Conditions: 1st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3rd quarter payment should be held until completion of mid-year requirements. Authorized By (Name/Title): Micki Ray, Chief Academic Officer Date: 7/10/2024 Office of Teaching and Learning | | | | 11. | | |
| be held until completion of mid-year requirements. 13. Authorized By (Name/Title): Micki Ray, Chief Academic Officer Date: 7/10/2024 Office of Teaching and Learning | | | | | [Effer data here] | |
| be held until completion of mid-year requirements. 13. Authorized By (Name/Title): Micki Ray, Chief Academic Officer Date: 7/10/2024 Office of Teaching and Learning | 1 Sna | ocial Instructions/Conditions: 1st | quarter navment is held until district assurance state | ments a | are completed correctly and submitted to KDE. 3rd quarter nayment should | |
| 13. Authorized By (Name/Title): Micki Ray, Chief Academic Officer Date: 7/10/2024 Office of Teaching and Learning | - | | | incites c | are completed correctly and submitted to KDE. 3 quarter payment should | |
| Office of Teaching and Learning | bc | neid diffil completion of find year | Common | WE | ealth Anna | |
| | 13. Aut | horized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 | |
| | | | Office of Teaching and Learning | | | |
| | | Education | | | | |
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| 1. | Name and Address of Recipient | | 7. | Fund Type: |
|-----------|---------------------------------------|--|---------|--|
| | Agency Name: | Hazard Independent Schools | | ⊠State |
| | Street Address: | 705 Main St | 110 | □Federal |
| | City, State, Zip: | Hazard, KY 41701 | | □Other: |
| | | | | 140x |
| 2. | | | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | | ☐ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | ☐ Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | |
| | Street Address: | 300 Sower Blvd. | | □Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | Receipt of Invoice from Vendor |
| | | (Children, | | The copy of invoice from vendor |
| 3. | Description/Fun Source of Award | | 9. | Reimbursement Frequency: |
| | Description: | FY25 & FY26 Read to Achieve | Э. | Monthly |
| | Fund Source: | General Funds | | · |
| | MUNIS Project Number: | 182L & 182M | | Quarterly |
| | MOA Number: | 24*4779 | | ☑Other: 1 st and 3 rd quarters |
| _ | | | 10 | Financial Reporting Method: |
| 4. | Grant Authority (Source): KRS 15 | 8.792 | 10. | ⊠ Electronic Submission: CDIP |
| 5. | Award Amount: 62000 | | | Other: |
| 6. | Period of Award: July 1st 2024 – J | une 30 th 2026 | | Liottier. |
| | | | 11 | Evaluations: |
| | | | | [Enter data here] |
| | | | | [Effect data field] |
| 1. Sp | ecial Instructions/Conditions: 1st gr | uarter payment is held until district assurance stater | nents a | ire completed correctly and submitted to KDE. 3 rd quarter payment should |
| | held until completion of mid-year r | | | -1/1- |
| | , , , , , , , , , , , , , , , , , , , | Lommon | WE | ealth Ameri |
| 13. Au | thorized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
| | | | | |
| | | Office of Teaching and Learning | | |
| Education | | | | |

| 1. | Name and Address of Recipient | | 7. | Fund Type: |
|---------|--------------------------------------|---|---------|--|
| | Agency Name: | Jackson County Schools | | ⊠State |
| | Street Address: | 3331 Hwy 421 S | 1 | □Federal |
| | City, State, Zip: | McKee, KY 40447 | | □Other: |
| | | | | 462 |
| 2. | | | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | | ☐ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | ☐ Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | |
| | Street Address: | 300 Sower Blvd. | | □Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | Receipt of Invoice from Vendor |
| | | Children. | | Zineselpt of intense from Ventus |
| 3. | Description/Fun Source of Awar | | 9. | Reimbursement Frequency: |
| | Description: | FY25 & FY26 Read to Achieve | ٥. | □Monthly |
| | Fund Source: | General Funds | | Quarterly |
| | MUNIS Project Number: | 182L & 182M | | ☑ Other: 1 st and 3 rd quarters |
| | MOA Number: | 24*4778 | | Dotter: 1" and 3" quarters |
| _ | 0 14 11 11 10 | 50.700 | 10 | Financial Reporting Method: |
| 4. | Grant Authority (Source): KRS 1 | 58.792 | 10. | ⊠ Electronic Submission: CDIP |
| 5. | Award Amount: 186000 | anth 2026 | | □Other: |
| 6. | Period of Award: July 1st 2024 – | June 30 2026 | | Library Control of the Control of th |
| | | | 11. | Evaluations: |
| | | | | [Enter data here] |
| | | | | |
| 1. Sp | ecial Instructions/Conditions: 1st o | quarter payment is held until district assurance staten | nents a | are completed correctly and submitted to KDE. 3 rd quarter payment should |
| be | held until completion of mid-year | requirements. | | 0146 |
| | | | VC | allii Ameri |
| 13. Aut | thorized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
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| | | Office of Teaching and Learning | | |
| | | Educa | | |
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| 1. | Name and Address of Recipient | | 7. | Fund Type: |
|---------|-------------------------------------|---|-------|--|
| | Agency Name: | Jessamine County Schools | | ⊠State |
| | Street Address: | 871 Wilmore Rd. | 110 | □Federal |
| | City, State, Zip: | Nicholasville, KY 40356 | | □Other: |
| | | | | |
| 2. | KDE Contact Information | C | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | | ☐ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | □ Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | ■ Automatic Payment |
| | Street Address: | 300 Sower Blvd. | | Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | Receipt of Invoice from Vendor |
| | | Children | | The ceipt of invoice from vehicor |
| 3. | Description/Fun Source of Award | d and Fiscal Year: | 0 | Doint hursement Francisco |
| | Description: | FY25 & FY26 Read to Achieve | 9. | Reimbursement Frequency: |
| | Fund Source: | General Funds | | Monthly |
| | MUNIS Project Number: | 182L & 182M | | Quarterly |
| | MOA Number: | 24*4780 | | ☑ Other: 1 st and 3 rd quarters |
| | | | | |
| 4. | Grant Authority (Source): KRS 15 | 8.792 | 10. | Financial Reporting Method: |
| 5. | Award Amount: 62000 | | | ☑ Electronic Submission: CDIP |
| 6. | Period of Award: July 1st 2024 - J | un <mark>e 30th 20</mark> 26 | | □Other: |
| | | | | |
| | | | 11. | Evaluations: |
| | | | | [Enter data here] |
| | | <u> </u> | | |
| | | | ments | are completed correctly and submitted to KDE. 3 rd quarter payment should |
| be | held until completion of mid-year r | requirements. | | olth Aller |
| | | COMMITTON | | altii Albana |
| 13. Aut | horized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
| | | | | |
| | | Office of Teaching and Learning | | |
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| | | Educa | | |
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| 1. | Name and Address of Recipient | | 7. | Fund Type: |
|-----------|--|--|--------|--|
| | Agency Name: | Kenton County Schools | | ⊠State |
| | Street Address: | 1055 Eaton Dr | 10 | □Federal |
| | City, State, Zip: | Fort Wright, KY 41017 | | □Other: |
| | | | | 468 |
| 2. | | | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | | ☐ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | ☐ Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | |
| | Street Address: | 300 Sower Blvd. | | □Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | Receipt of Invoice from Vendor |
| | | Children | | The ceipt of invoice noin vehicle |
| 3. | Description/Fun Source of Award | and Fiscal Year: | 9. | Reimbursement Frequency: |
| | Description: | FY25 & FY26 Read to Achieve | 9. | |
| | Fund Source: | General Funds | | Monthly |
| | MUNIS Project Number: | 182L & 182M | | Quarterly |
| | MOA Number: | 24*4782 | | ☑Other: 1 st and 3 rd quarters |
| | | | 10 | Financial Departing Mathod |
| 4. | Grant Authority (Source): KRS 15 | 3.792 | 10. | Financial Reporting Method: |
| 5. | Award Amount: 62000 | | | ⊠ Electronic Submission: CDIP |
| 6. | Period of Award: July 1st 2024 – J | u <mark>ne 30th 2026</mark> | | □Other: |
| | | | 11 | Evaluations: |
| | | | 11. | |
| | | | | [Enter data here] |
| 1 Sn | ocial Instructions/Conditions: 1st au | parter nayment is held until district assurance statemen | ontc s | are completed correctly and submitted to KDE. 3rd quarter payment should |
| | held until completion of mid-year r | | ents a | are completed correctly and submitted to KDE. 3 quarter payment should |
| be | field diffil completion of find-year i | Commony | VE | ealth Anna |
| 13. Aut | chorized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
| | , , , , | | | |
| | | Office of Teaching and Learning | | |
| Education | | | | |
| | | | | |

| 1. | Name and Address of Ro Agency Name: Street Address: City, State, Zip: | Knott County Schools PO Box 869 Hindman, KY 41822 | 7. Fund Type: State □ Federal □ Other: |
|---|--|---|--|
| 2. | RDE Contact Information Program Consultant: Street Address: City, State Zip: Budget Contact: Street Address: City, State Zip: | Dainelle Ward 300 Sower Blvd. Frankfort, KY 40601 Shelby Clontz 300 Sower Blvd. Frankfort, KY 40601 | 8. Method of Payment ☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor |
| 3.4.5.6. | Description/Fun Source Description: Fund Source: MUNIS Project Number: MOA Number: Grant Authority (Source Award Amount: 248000 Period of Award: July 1st | 24*4783 •): KRS 158.792 | 9. Reimbursement Frequency: ☐ Monthly ☐ Quarterly ☐ Other: 1st and 3rd quarters 10. Financial Reporting Method: ☐ Electronic Submission: CDIP ☐ Other: |
| | | | 11. Evaluations: [Enter data here] |
| - | ecial Instructions/Condition held until completion of n | | rance statements are completed correctly and submitted to KDE. 3 rd quarter payment should |
| 13. Aut | horized By (Name/Title): | Micki Ray, Chief Academic Officer Office of Teaching and Learning | Date: 7/10/2024 |

| 1. | Name and Address of Recip Agency Name: Street Address: City, State, Zip: | Knox County Schools 200 Daniel Boone Dr Borbourville, KY 40906 | 7. Fund Type: State □ Federal □ Other: | |
|----------------|---|--|--|--|
| 2. | KDE Contact Information Program Consultant: Street Address: City, State Zip: Budget Contact: Street Address: City, State Zip: | Dainelle Ward 300 Sower Blvd. Frankfort, KY 40601 Shelby Clontz 300 Sower Blvd. Frankfort, KY 40601 | 8. Method of Payment ☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor | |
| 3. | Description/Fun Source of Description: Fund Source: MUNIS Project Number: MOA Number: | Award and Fiscal Year: FY25 & FY26 Read to Achieve General Funds 182L & 182M 24*4784 | 9. Reimbursement Frequency: ☐ Monthly ☐ Quarterly ☐ Other: 1 st and 3 rd quarters | |
| 4. 5. 6. | Grant Authority (Source): k Award Amount: 434000 Period of Award: July 1 st 20 | | 10. Financial Reporting Method: □ Electronic Submission: CDIP □ Other: 11. Evaluations: [Enter data here] | |
| be | ecial Instructions/Conditions held until completion of mid- horized By (Name/Title): | | ce statements are completed correctly and submitted to KDE. 3 Date: 7/10/2024 | 3 rd quarter payment should |
| | | Office of Teaching and Learning | cation | |

| 1. | Name and Address of Recipient | | 7. | Fund Type: |
|-----------|--------------------------------------|--|----------|---|
| | Agency Name: | LaRue County Schools | | ⊠State |
| | Street Address: | 208 College St | | □Federal |
| | City, State, Zip: | Hodgenville, KY 42748 | | □Other: |
| 2. | KDE Contact Information | | | 7CA |
| ۷. | Program Consultant: | Dainelle Ward | _ | |
| | Street Address: | 300 Sower Blvd. | 8. | Method of Payment |
| | City, State Zip: | Frankfort, KY 40601 | | ☐ Federal Cash Request |
| | | Shelby Clontz | | ☐ Expenditure Reimbursement |
| | Budget Contact: Street Address: | 300 Sower Blvd. | | |
| | City, State Zip: | Frankfort, KY 40601 | | Lump Sum |
| | City, State Zip. | Frankfort, NY 40001 | | Receipt of Invoice from Vendor |
| 3. | Description/Fun Source of Awar | ed and Figgal Veget Mildren, | | |
| 3. | - | FY25 & FY26 Read to Achieve | 9. | Reimbursement Frequency: |
| | Description: Fund Source: | General Funds | | Monthly |
| | MUNIS Project Number: | 182L & 182M | | Quarterly |
| | MOA Number: | 24*4794 | | ☑Other: 1 st and 3 rd quarters |
| | WOA Number. | 24 4794 | | |
| 4. | Grant Authority (Source): KRS 1 | 59 702 | 10. | Financial Reporting Method: |
| 4. 5. | Award Amount: 124000 | 38.792 | | ⊠ Electronic Submission: CDIP |
| 5. 6. | Period of Award: July 1st 2024 – | June 20th 2026 | | □Other: |
| 0. | reliod of Award. July 1 2024 - | Julie 30 2020 | | |
| | | | 11. | Evaluations: |
| | | | | [Enter data here] |
| | | | | |
| 1. Sp | ecial Instructions/Conditions: 1st o | quarter payment is held until district assurance state | ements a | re completed correctly and submitted to KDE. 3 rd quarter payment should |
| | held until completion of mid-year | | | -141- |
| | | | We | aith Anns |
| 13. Aut | horized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
| | | | | |
| | | Office of Teaching and Learning | | |
| Education | | | | |
| | | | | |
| | | | | |

| 1. | Name and Address of Recipient | | 7. | Fund Type: |
|--------|-----------------------------------|---|--------|---|
| | Agency Name: | Lee County Schools | | ⊠State |
| | Street Address: | PO Box 668 | 10 | □Federal |
| | City, State, Zip: | Beattyville, KY 41311 | | □Other: |
| | | | | 416 |
| 2. | KDE Contact Information | City | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | | ☐ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | ☐ Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | |
| | Street Address: | 300 Sower Blvd. | | Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | Receipt of Invoice from Vendor |
| | | Children | | The ceipt of invoice from vehiclo |
| 3. | Description/Fun Source of Awar | d and Fiscal Year: | 9. | Reimbursement Frequency: |
| | Description: | FY25 & FY26 Read to Achieve | 9. | ☐ Monthly |
| | Fund Source: | General Funds | | · |
| | MUNIS Project Number: | 182L & 182M | | Quarterly |
| | MOA Number: | 24*4795 | | ☑Other: 1 st and 3 rd quarters |
| | | | 10 | Financial Barrantina Mathada |
| 4. | Grant Authority (Source): KRS 15 | 58.792 | 10. | Financial Reporting Method: |
| 5. | Award Amount: 62000 | | | ☑ Electronic Submission: CDIP |
| 6. | Period of Award: July 1st 2024 - | Jun <mark>e 30th 2026</mark> | | □Other: |
| | | | | |
| | | | 11. | Evaluations: |
| | | | | [Enter data here] |
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| | | | ements | are completed correctly and submitted to KDE. $3^{\rm rd}$ quarter payment should |
| be | held until completion of mid-year | requirements. | TATE | alth American |
| | | Committee | VVC | altii |
| 13. Au | horized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
| | | Office of Tooching and Learning | | |
| | | Office of Teaching and Learning | | |
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| | | Educa | | |
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| | | 7410 | | |
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| 1. | Name and Address of Recipient | | 7. | Fund Type: |
|---------|------------------------------------|---|------------------|--|
| | Agency Name: | Leslie County Schools | | ⊠State |
| | Street Address: | 108 Maple St | | □Federal |
| | City, State, Zip: | Hyden, KY 41749 | The contract of | □Other: |
| | | | | |
| 2. | KDE Contact Information | | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | | ☐ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | □ Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | ■ Automatic Payment |
| | Street Address: | 300 Sower Blvd. | | Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | |
| | | Children | 7 | Receipt of Invoice from Vendor |
| 3. | Description/Fun Source of Awa | rd and Fiscal Year: | 19 | Daily by the state of the state |
| | Description: | FY25 & FY26 Read to Achieve | 9. | Reimbursement Frequency: |
| | Fund Source: | General Funds | | Monthly |
| | MUNIS Project Number: | 182L & 182M | | Quarterly |
| | MOA Number: | 24*4796 | | ☑ Other: 1 st and 3 rd quarters |
| | | | | |
| 4. | Grant Authority (Source): KRS 1 | .58.792 | 10. | Financial Reporting Method: |
| 5. | Award Amount: 124000 | | | ☑ Electronic Submission: CDIP |
| 6. | Period of Award: July 1st 2024 - | - Jun <mark>e 30th 2026</mark> | | □Othe <mark>r:</mark> |
| | | | | |
| | | | 11. | Evaluations: |
| | | | | [Enter data here] |
| | | | 71100 | |
| 1. Spe | ecial Instructions/Conditions: 1st | quarter payment is held until district assura | nce statements a | are completed correctly and submitted to KDE. 3 rd quarter payment should |
| be | held until completion of mid-year | r requirements. | 000 | olth Aller |
| | | | OHWE | alli Anna |
| 13. Aut | horized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
| | | | | |
| | | Office of Teaching and Learning | | |
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| | | | | |
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| 1. | Name and Address of Recipier | nt | 7. | Fund Type: |
|---------|--------------------------------------|---|--------------------|--|
| | Agency Name: | Lincoln County Schools | | ⊠State |
| | Street Address: | 305 Danville Ave | | □Federal |
| | City, State, Zip: | Stanford, KY 40484 | herr | □Other: |
| | | | | 416 |
| 2. | KDE Contact Information | | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | | ☐ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | ☐ Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | |
| | Street Address: | 300 Sower Blvd. | | Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | Receipt of Invoice from Vendor |
| | | Children | | Electric of invoice from vehicle |
| 3. | Description/Fun Source of Aw | ard and Fiscal Year: | 9. | Reimbursement Frequency: |
| | Description: | FY25 & FY26 Read to Achieve | 9. | Monthly |
| | Fund Source: | General Funds | | · |
| | MUNIS Project Number: | 182L & 182M | | Quarterly |
| | MOA Number: | 24*4797 | | ☑ Other: 1 st and 3 rd quarters |
| | | | 10 | Figure 1-1 Demonting Matheda |
| 4. | Grant Authority (Source): KRS | 158.792 | 10. | Financial Reporting Method: |
| 5. | Award Amount: 310000 | | | ⊠ Electronic Submission: CDIP |
| 6. | Period of Award: July 1st 2024 | – Jun <mark>e 30th 2026</mark> | | □Other: |
| | | | | |
| | | | 11. | Evaluations: |
| | | | | [Enter data here] |
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| | | | rance statements a | are completed correctly and submitted to KDE. 3 rd quarter payment should |
| be | held until completion of mid-year | ar requirements. | Onwe | oolth American |
| 40.4. | | | IOIIVV | |
| 13. Aut | horized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
| | | Office of Teaching and Learning | | |
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| 1. | Name and Address of Recipient | | 7. | Fund Type: |
|--------|---|---|--------|--|
| | Agency Name: | Logan County Schools | | ⊠State |
| | Street Address: | 2222 Bowling Green | 10 | □Federal |
| | City, State, Zip: | Russellville, KY 42276 | | □Other: |
| 2. | KDE Contact Information | Cha | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | | ☐ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | ☐ Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | |
| | Street Address: | 300 Sower Blvd. | | Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | Receipt of Invoice from Vendor |
| | | (hildren | | The celpt of invoice from vehicor |
| 3. | Description/Fun Source of Award | and Fiscal Year: | 9. | Reimbursement Frequency: |
| | Description: | FY25 & FY26 Read to Achieve | Э. | Monthly |
| | Fund Source: | General Funds | | · |
| | MUNIS Project Number: | 182L & 182M | | Quarterly |
| | MOA Number: | 24*4798 | | ☑ Other: 1 st and 3 rd quarters |
| _ | | | 10 | Financial Reporting Method: |
| 4. | Grant Authority (Source): KRS 158 | 3.792 | 10. | Electronic Submission: CDIP |
| 5. | Award Amount: 124000 | a oth a da a | | Other: |
| 6. | Period of Award: July 1st 2024 – July 2st | une 30 th 2026 | | Dottler. |
| | | | 11. | Evaluations: |
| | | | | [Enter data here] |
| | | 0 | | |
| 1. Sp | ecial Instructions/Conditions: 1st qu | arter payment is held until district assurance statem | ents a | are completed correctly and submitted to KDE. 3 rd quarter payment should |
| be | held until completion of mid-year r | equirements. | | -141 |
| | | | VC | aim Anna |
| 13. Au | thorized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
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| | | Office of Teaching and Learning | | |
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| | | 901100 | | |
| | | 4400 | | |
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| 1. | Name and Address of Recipient | | 7. | Fund Type: |
|-----------|--|--|--------|---|
| | Agency Name: | Ludlow County Schools | | ⊠State |
| | Street Address: | 525 Elm St | 10 | □Federal |
| | City, State, Zip: | Ludlow, KY 41016 | | □Other: |
| | | | | 74(8) |
| 2. | | | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | | ☐ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | ☐ Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | |
| | Street Address: | 300 Sower Blvd. | | □Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | Receipt of Invoice from Vendor |
| | | Children. | | Zitecept of invoice from vehicle |
| 3. | Description/Fun Source of Award | | 9. | Reimbursement Frequency: |
| | Description: | FY25 & FY26 Read to Achieve | ٦. | Monthly |
| | Fund Source: | General Funds | | Quarterly |
| | MUNIS Project Number: | 182L & 182M | | · · · · · · · · · · · · · · · · · · · |
| | MOA Number: | 24*4799 | | ☑Other: 1 st and 3 rd quarters |
| | | | 10 | Financial Departing Methods |
| 4. | Grant Authority (Source): KRS 15 | 8.792 | 10. | Financial Reporting Method: |
| 5. | Award Amount: 62000 | | | ⊠ Electronic Submission: CDIP |
| 6. | Period of Award: July 1st 2024 – J | un <mark>e 30th 2026</mark> | | □Other: |
| | | | 44 | Furthering |
| | | | 11. | Evaluations: |
| | | | | [Enter data here] |
| 4 6 | | ()11C | | was a sound a total as weather and a charith and a VDE 200 was to a consent about the |
| _ | The state of the s | | ents a | are completed correctly and submitted to KDE. 3 rd quarter payment should |
| be | held until completion of mid-year r | commonv Commonv | VE | ealth Anna |
| 13. Au | thorized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
| | | | | |
| | | Office of Teaching and Learning | | |
| Education | | | | |

| 1. | Name and Address of Recipient | | 7. | Fund Type: |
|---------|--------------------------------------|--|------------|--|
| | Agency Name: | Madison County Schools | | ⊠State |
| | Street Address: | PO Box 768 | ari | □Federal |
| | City, State, Zip: | Richmond, KY 40476 | COT | □Other: |
| | | | | -410- |
| 2. | KDE Contact Information | C | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | | ☐ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | □ Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | ■ Automatic Payment |
| | Street Address: | 300 Sower Blvd. | | Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | |
| | | Children | | Receipt of Invoice from Vendor |
| 3. | Description/Fun Source of Awar | d and Fiscal Year: | 0 | Daile beautiful and the second of the second |
| | Description: | FY25 & FY26 Read to Achieve | 9. | Reimbursement Frequency: |
| | Fund Source: | General Funds | | Monthly |
| | MUNIS Project Number: | 182L & 182M | | Quarterly |
| | MOA Number: | 24*4816 | | ☑Other: 1 st and 3 rd quarters |
| | | | | |
| 4. | Grant Authority (Source): KRS 15 | 58.792 | 10. | Financial Reporting Method: |
| 5. | Award Amount: 682000 | | | ☑ Electronic Submission: CDIP |
| 6. | Period of Award: July 1st 2024 - | Jun <mark>e 30th 20</mark> 26 | | □Othe <mark>r:</mark> |
| | | | | |
| | | | 11. | Evaluations: |
| | | | | [Enter data here] |
| | | | 140 | |
| 1. Spe | ecial Instructions/Conditions: 1st c | quarter payment is held until district assurance sta | atements a | re completed correctly and submitted to KDE. 3 rd quarter payment should |
| be | held until completion of mid-year | requirements. | | olth Aller |
| | | | IWC | alui Ameri |
| 13. Aut | horized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
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| | | Office of Teaching and Learning | | |
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| 1. | Name and Address of Recipient | | 7. | Fund Type: | | |
|---------|---|--|---------|---|--|--|
| | Agency Name: | Mayfield Independent Schools | | ⊠State | | |
| | Street Address: | 914 E College St | 10 | □Federal | | |
| | City, State, Zip: | Mayfield, KY 42066 | | □Other: | | |
| | | | | 416 | | |
| 2. | KDE Contact Information | Charles | | | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment | | |
| | Street Address: | 300 Sower Blvd. | | ☐ Federal Cash Request | | |
| | City, State Zip: | Frankfort, KY 40601 | | ☐ Expenditure Reimbursement | | |
| | Budget Contact: | Shelby Clontz | | ⊠ Automatic Payment | | |
| | Street Address: | 300 Sower Blvd. | | Lump Sum | | |
| | City, State Zip: | Frankfort, KY 40601 | | Receipt of Invoice from Vendor | | |
| | | Children | | Electric of invoice from vehiclo | | |
| 3. | Description/Fun Source of Awar | d and Fiscal Year: | 9. | Reimbursement Frequency: | | |
| | Description: | FY25 & FY26 Read to Achieve | Э. | ☐ Monthly | | |
| | Fund Source: | General Funds | | | | |
| | MUNIS Project Number: | 182L & 182M | | Quarterly | | |
| | MOA Number: | 24*4817 | | ☑Other: 1 st and 3 rd quarters | | |
| | | | 10 | Financial Deposition Matheda | | |
| 4. | Grant Authority (Source): KRS 15 | 8.792 | 10. | Financial Reporting Method: | | |
| 5. | Award Amount: 62000 | | | ⊠ Electronic Submission: CDIP | | |
| 6. | Period of Award: July 1st 2024 – J | un <mark>e 30th 2026</mark> | | □Other: | | |
| | | | | | | |
| | | | 11. | Evaluations: | | |
| | | | | [Enter data here] | | |
| | | | | | | |
| | | | ments a | are completed correctly and submitted to KDE. $3^{\rm rd}$ quarter payment should | | |
| be | held until completion of mid-year | requirements. | | oolth American | | |
| | | Committee | | altii | | |
| 13. Aut | horized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 | | |
| | | Office of Tooching and Leaving | | | | |
| | | Office of Teaching and Learning | | | | |
| | | | | | | |
| | Education | | | | | |
| | | | | | | |
| | | 76100 | | | | |
| | | | | | | |

| Agency Name: Street Address: Street Address: 20 20 20th St City, State, Zip: Middlesboro, KY 40965 2. KDE Contact Information Program Consultant: Street Address: 300 Sower Blvd. City, State Zip: Budget Contact: Shelby Clontz Street Address: 300 Sower Blvd. City, State Zip: Frankfort, KY 40601 Budget Contact: Street Address: 300 Sower Blvd. City, State Zip: Frankfort, KY 40601 Budget Contact: Street Address: 300 Sower Blvd. City, State Zip: Frankfort, KY 40601 Budget Contact: Street Address: 300 Sower Blvd. City, State Zip: Frankfort, KY 40601 Bescription/Fun Source of Award and Fiscal Year: Descriptionin/Fun Source of Award and Fiscal Year: Description: FY25 & FY25 Read to Achieve Fund Source: General Funds MUNIS Project Number: 1821 & 1821M MOA Number: 24 44818 4. Grant Authority (Source): KRS 158.792 5. Award Amount: 62000 6. Period of Award: July 1 st 2024 – June 30 th 2026 10. Financial Reporting Method: NE lectronic Submission: CDIP Other: 11. Evaluations: Enter data here] 1. Special Instructions/Conditions: 1 st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3 rd quarter payment should be held until completion of mid-year requirements. 3. Authorized By (Name/Title): Micki Ray, Chief Academic Officer Date: 7/10/2024 Office of Teaching and Learning | 1. | Name and Address of Recipient | | 7. | Fund Type: |
|--|---------|---------------------------------------|--|--------|--|
| City, State, Zip: Middlesboro, KY 40965 Other: 2. KDE Contact Information Program Consultant: Dainelle Ward Street Address: 300 Sower Blvd. City, State Zip: Frankfort, KY 40601 Budget Contact: Shelby Clontz Street Address: 300 Sower Blvd. City, State Zip: Frankfort, KY 40601 Budget Contact: Shelby Clontz Street Address: 300 Sower Blvd. City, State Zip: Frankfort, KY 40601 3. Description/Fun Source of Award and Fiscal Year: Description: FV25 & FV26 Read to Achieve Fund Source: General Funds MUNIS Project Number: 182L & 182M MON Number: 24*4818 4. Grant Authority (Source): KRS 158.792 5. Award Amount: 62000 6. Period of Award: July 1*2024 – June 30** 2026 10. Financial Reporting Method: Electronic Submission: CDIP Other: 11. Evaluations: [Enter data here] 12. Special Instructions/Conditions: 1*4 quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3** quarter payment should be held until completion of mid-year requirements. Office of Teaching and Learning | | Agency Name: | Middlesboro Independent Schools | | ⊠State |
| 2. KDE Contact Information Program Consultant: Street Address: 300 Sower Blvd. City, State Zip: Frankfort, KY 40601 Budget Contact: Shelby Clontz Street Address: 300 Sower Blvd. City, State Zip: Frankfort, KY 40601 Budget Contact: Shelby Clontz Street Address: 300 Sower Blvd. City, State Zip: Frankfort, KY 40601 Lump Sum Receipt of Invoice from Vendor 3. Description/Fun Source of Award and Fiscal Year: Description: Fv25 & Fv26 Read to Achieve Fund Source: General Funds MUNIS Project Number: 1821. & 1827M MOA Number: 24*4818 4. Grant Authority (Source): KRS 158.792 5. Award Amount: 62000 6. Period of Award: July 1st 2024 – June 30th 2026 11. Evaluations: [Enter data here] 1. Special Instructions/Conditions: 1st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3rd quarter payment should be held until completion of mid-year requirements. Office of Teaching and Learning | | Street Address: | 220 N 20th St | 10 | □Federal |
| Program Consultant: Street Address: 300 Sower Blvd. City, State Zip: Budget Contact: Street Address: 300 Sower Blvd. City, State Zip: Frankfort, KY 40601 Budget Contact: Street Address: 300 Sower Blvd. City, State Zip: Frankfort, KY 40601 Budget Contact: Street Address: 300 Sower Blvd. City, State Zip: Frankfort, KY 40601 3. Description/Fun Source of Award and Fiscal Year: Description: FY25 & FY26 Read to Achieve General Funds MUNIS Project Number: MUNIS Project Number: MOA Number: 24*4818 4. Grant Authority (Source): KRS 158.792 5. Award Amount: 62000 6. Period of Award: July 1st 2024 – June 30th 2026 10. Financial Reporting Method: Electronic Submission: CDIP Other: 11. Evaluations: Enter data here] 1. Special Instructions/Conditions: 1st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3rd quarter payment should be held until completion of mid-year requirements. Office of Teaching and Learning | | City, State, Zip: | Middlesboro, KY 40965 | | □Other: |
| Street Address: 300 Sower Blvd. City, State Zip: Frankfort, KY 40601 Budget Contact: Shelby Clontz Street Address: 300 Sower Blvd. City, State Zip: Frankfort, KY 40601 Budget Contact: Shelby Clontz Street Address: 300 Sower Blvd. City, State Zip: Frankfort, KY 40601 Bescription: Frankfort, KY 40601 Bescription: Fv25 & Fv26 Read to Achieve Fund Source: General Funds MUNIS Project Number: 182 & 182M MOA Number: 182 & 182M MOA Number: 24*4818 4. Grant Authority (Source): KRS 158.792 5. Award Amount: 62000 6. Period of Award: July 1 st 2024 – June 30 th 2026 11. Evaluations: [Enter data here] 1. Special Instructions/Conditions: 1 st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3 rd quarter payment should be held until completion of mid-year requirements. Office of Teaching and Learning | 2. | KDE Contact Information | CIA | | |
| Street Address: 300 Sower Blvd. City, State Zip: Frankfort, KY 40601 | | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| City, State Zip: Frankfort, KY 40601 Budget Contact: Shelby Clontz Street Address: 300 Sower Blvd. City, State Zip: Frankfort, KY 40601 3. Description/Fun Source of Award and Fiscal Year: Description: FY25 & FY26 Read to Achieve Fund Source: General Funds MUNIS Project Number: 182 & 182M MOA Number: 24*4818 4. Grant Authority (Source): KRS 158.792 5. Award Amount: 62000 6. Period of Award: July 1st 2024 – June 30th 2026 10. Financial Reporting Method: Security Electronic Submission: CDIP Other: 11. Evaluations: [Enter data here] 1. Special Instructions/Conditions: 1st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3rd quarter payment should be held until completion of mid-year requirements. Office of Teaching and Learning | | Street Address: | 300 Sower Blvd. | ٥. | |
| Shelby Clontz Street Address: 300 Sower Blvd. City, State Zip: Frankfort, KY 40601 3. Description/Fun Source of Award and Fiscal Year: Description: FY25 & FY26 Read to Achieve Fund Source: General Funds MUNIS Project Number: 182L & 182M MOA Number: 24*4818 4. Grant Authority (Source): KRS 158.792 5. Award Amount: 62000 6. Period of Award: July 1*2 2024 − June 30*1 2026 11. Evaluations: [Enter data here] 1. Special Instructions/Conditions: 1st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3rd quarter payment should be held until completion of mid-year requirements. 13. Authorized By (Name/Title): Micki Ray, Chief Academic Officer Office of Teaching and Learning | | City, State Zip: | Frankfort, KY 40601 | | |
| Street Address: City, State Zip: Frankfort, KY 40601 3. Description/Fun Source of Award and Fiscal Year: Description: FY25 & FY26 Read to Achieve Fund Source: General Funds MUNIS Project Number: 1821 & 1821M MOA Number: 24*4818 4. Grant Authority (Source): KRS 158.792 5. Award Amount: 62000 6. Period of Award: July 1st 2024 – June 30th 2026 10. Financial Reporting Method: Selectronic Submission: CDIP Other: 11. Evaluations: [Enter data here] 1. Special Instructions/Conditions: 1st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3rd quarter payment should be held until completion of mid-year requirements. 13. Authorized By (Name/Title): Micki Ray, Chief Academic Officer Date: 7/10/2024 | | Budget Contact: | Shelby Clontz | | |
| City, State Zip: Frankfort, KY 40601 | | Street Address: | 300 Sower Blvd. | | · |
| 3. Description/Fun Source of Award and Fiscal Year: Description: FY25 & FY26 Read to Achieve Fund Source: General Funds MUNIS Project Number: 1821 & 1821M MOA Number: 24*4818 4. Grant Authority (Source): KRS 158.792 5. Award Amount: 62000 6. Period of Award: July 1st 2024 − June 30th 2026 10. Financial Reporting Method: ⊠ Electronic Submission: CDIP □ Other: 11. Evaluations: [Enter data here] 1. Special Instructions/Conditions: 1st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3rd quarter payment should be held until completion of mid-year requirements. 13. Authorized By (Name/Title): Micki Ray, Chief Academic Officer Date: 7/10/2024 Office of Teaching and Learning | | City, State Zip: | Frankfort, KY 40601 | | |
| Description: FY25 & FY26 Read to Achieve Fund Source: General Funds MUNIS Project Number: 182L & 182M MOA Number: 24*4818 4. Grant Authority (Source): KRS 158.792 5. Award Amount: 62000 6. Period of Award: July 1st 2024 – June 30th 2026 10. Financial Reporting Method: Electronic Submission: CDIP Other: 11. Evaluations: [Enter data here] 1. Special Instructions/Conditions: 1st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3rd quarter payment should be held until completion of mid-year requirements. 13. Authorized By (Name/Title): Micki Ray, Chief Academic Officer Date: 7/10/2024 Office of Teaching and Learning | | | Children | | Receipt of Invoice from Vendor |
| Description: FY25 & FY26 Read to Achieve Fund Source: General Funds MUNIS Project Number: 182L & 182M MOA Number: 24*4818 4. Grant Authority (Source): KRS 158.792 5. Award Amount: 62000 6. Period of Award: July 1st 2024 – June 30th 2026 10. Financial Reporting Method: Electronic Submission: CDIP Other: 11. Evaluations: [Enter data here] 1. Special Instructions/Conditions: 1st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3rd quarter payment should be held until completion of mid-year requirements. 13. Authorized By (Name/Title): Micki Ray, Chief Academic Officer Date: 7/10/2024 Office of Teaching and Learning | 3. | Description/Fun Source of Award | I and Fiscal Year: | | |
| Fund Source: MUNIS Project Number: Munit Reporting Method: Micki Reporting Method: | | - | | 9. | |
| MOA Number: 24*4818 4. Grant Authority (Source): KRS 158.792 5. Award Amount: 62000 6. Period of Award: July 1 st 2024 – June 30 th 2026 11. Evaluations: [Enter data here] 1. Special Instructions/Conditions: 1 st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3 rd quarter payment should be held until completion of mid-year requirements. 13. Authorized By (Name/Title): Micki Ray, Chief Academic Officer Date: 7/10/2024 Office of Teaching and Learning | | - | | | |
| MOA Number: 24*4818 4. Grant Authority (Source): KRS 158.792 5. Award Amount: 62000 6. Period of Award: July 1st 2024 – June 30th 2026 11. Evaluations: [Enter data here] 12. Special Instructions/Conditions: 1st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3rd quarter payment should be held until completion of mid-year requirements. 13. Authorized By (Name/Title): Micki Ray, Chief Academic Officer Date: 7/10/2024 Office of Teaching and Learning | | MUNIS Project Number: | 182L & 182M | | |
| 5. Award Amount: 62000 6. Period of Award: July 1 st 2024 – June 30 th 2026 11. Evaluations: [Enter data here] 1. Special Instructions/Conditions: 1 st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3 rd quarter payment should be held until completion of mid-year requirements. 13. Authorized By (Name/Title): Micki Ray, Chief Academic Officer Date: 7/10/2024 Office of Teaching and Learning | | | | | ☑ Other: 1 st and 3 rd quarters |
| 5. Award Amount: 62000 6. Period of Award: July 1 st 2024 – June 30 th 2026 11. Evaluations: [Enter data here] 1. Special Instructions/Conditions: 1 st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3 rd quarter payment should be held until completion of mid-year requirements. 13. Authorized By (Name/Title): Micki Ray, Chief Academic Officer Date: 7/10/2024 Office of Teaching and Learning | | | | | |
| 5. Award Amount: 62000 6. Period of Award: July 1 st 2024 – June 30 th 2026 11. Evaluations: [Enter data here] 1. Special Instructions/Conditions: 1 st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3 rd quarter payment should be held until completion of mid-year requirements. 13. Authorized By (Name/Title): Micki Ray, Chief Academic Officer Date: 7/10/2024 Office of Teaching and Learning | 4. | Grant Authority (Source): KRS 15 | 8.792 | 10. | |
| 6. Period of Award: July 1st 2024 – June 30th 2026 11. Evaluations: [Enter data here] 1. Special Instructions/Conditions: 1st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3rd quarter payment should be held until completion of mid-year requirements. 13. Authorized By (Name/Title): Micki Ray, Chief Academic Officer Date: 7/10/2024 Office of Teaching and Learning | 5. | | | | ☑ Electronic Submission: CDIP |
| 11. Evaluations: [Enter data here] 1. Special Instructions/Conditions: 1st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3rd quarter payment should be held until completion of mid-year requirements. 13. Authorized By (Name/Title): Micki Ray, Chief Academic Officer Date: 7/10/2024 Office of Teaching and Learning | | | un <mark>e 30th 2026</mark> | | □Other: |
| [Enter data here] 1. Special Instructions/Conditions: 1st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3rd quarter payment should be held until completion of mid-year requirements. 13. Authorized By (Name/Title): Micki Ray, Chief Academic Officer Date: 7/10/2024 Office of Teaching and Learning | | | | | |
| Special Instructions/Conditions: 1st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3rd quarter payment should be held until completion of mid-year requirements. Authorized By (Name/Title): Micki Ray, Chief Academic Officer Date: 7/10/2024 Office of Teaching and Learning | | | | 11. | Evaluations: |
| be held until completion of mid-year requirements. 13. Authorized By (Name/Title): Micki Ray, Chief Academic Officer Date: 7/10/2024 Office of Teaching and Learning | | | | | [Enter data here] |
| be held until completion of mid-year requirements. 13. Authorized By (Name/Title): Micki Ray, Chief Academic Officer Date: 7/10/2024 Office of Teaching and Learning | | | | | |
| 13. Authorized By (Name/Title): Micki Ray, Chief Academic Officer Date: 7/10/2024 Office of Teaching and Learning | 1. Sp | ecial Instructions/Conditions: 1st qu | uarter payment is held until district assurance statem | ents a | are completed correctly <mark>and submitted to KDE. 3rd quarter payment should</mark> |
| Office of Teaching and Learning | be | held until completion of mid-year r | equirements. | VE | ealth American |
| | 13. Aut | horized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
| | | | Office of Teaching and Learning | | |
| Education | | | | | |
| | | Education | | | |
| | | | | | |

| 1. | Name and Address of Recipient | | 7. | Fund Type: |
|-----------|--------------------------------------|--|-----------|--|
| | Agency Name: | Monroe County Schools | | ⊠State |
| | Street Address: | 309 Emberton Street | | □Federal |
| | City, State, Zip: | Tompkinsville, KY 42167 | | □Other: |
| 2. | KDE Contact Information | | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | | □ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | □ Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | △ Automatic Payment |
| | Street Address: | 300 Sower Blvd. | | Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | Receipt of Invoice from Vendor |
| | | Children | | Execupt of invoice from vehiclo |
| 3. | Description/Fun Source of Awar | d and Fiscal Year: | 9. | Reimbursement Frequency: |
| | Description: | FY25 & FY26 Read to Achieve | 9. | Monthly |
| | Fund Source: | General Funds | | · |
| | MUNIS Project Number: | 182L & 182M | | Quarterly |
| | MOA Number: | 24*4819 | | ☑Other: 1 st and 3 rd quarters |
| | | | 10 | Financial Departing Methods |
| 4. | Grant Authority (Source): KRS 15 | 58.792 | 10. | Financial Reporting Method: |
| 5. | Award Amount: 186000 | | | ☑ Electronic Submission: CDIP |
| 6. | Period of Award: July 1st 2024 – | Jun <mark>e 30th 2026</mark> | | □Other: |
| | | | 44 | Furthering |
| | | | 11. | Evaluations: |
| | | | | [Enter data here] |
| 1 Sn/ | ocial Instructions/Conditions: 1st o | warter navment is held until district assurance staten | nonts : | are completed correctly and submitted to KDE. 3rd quarter payment should |
| - | held until completion of mid-year | | ileiits d | are completed correctly and submitted to KDE. 3 quarter payment should |
| De | neid diffil completion of mid-year | Common | WE | ealth Anna |
| 13. Aut | horized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
| | | | | 7,20,232 |
| | | Office of Teaching and Learning | | |
| Education | | | | |

| 1. | Name and Address of Recipient | | 7. | Fund Type: | |
|-------------------|---------------------------------------|--|--------|--|--|
| | Agency Name: | Paintsville Independent Schools | | ⊠State | |
| | Street Address: | 220 Main Street | 10 | □Federal | |
| | City, State, Zip: | Paintsville, KY 41240 | | □Other: | |
| 2. | KDE Contact Information | | | 7°C | |
| ۷. | Program Consultant: | Dainelle Ward | • | | |
| | Street Address: | 300 Sower Blvd. | 8. | Method of Payment | |
| | City, State Zip: | Frankfort, KY 40601 | | Federal Cash Request | |
| | Budget Contact: | Shelby Clontz | | ☐ Expenditure Reimbursement | |
| | Street Address: | 300 Sower Blvd. | | | |
| | City, State Zip: | Frankfort, KY 40601 | | □Lump Sum | |
| | City, State Zip. | Flairkiott, KT 40001 | | Receipt of Invoice from Vendor | |
| 3. | Description/Fun Source of Award | and Fiscal Vacus IIIIIIIIIIII | | | |
| Э. | Description: | FY25 & FY26 Read to Achieve | 9. | Reimbursement Frequency: | |
| | Fund Source: | General Funds | | Monthly | |
| | MUNIS Project Number: | 182L & 182M | | Quarterly | |
| | MOA Number: | 24*4824 | | ☑Other: 1 st and 3 rd quarters | |
| | MOA Number. | 24 4024 | | | |
| 4. | Grant Authority (Source): KRS 158 | 2 702 | 10. | Financial Reporting Method: | |
| 5. | Award Amount: 62000 | 5.792 | | ☑ Electronic Submission: CDIP | |
| 5. 6. | Period of Award: July 1st 2024 – Ju | une 30 th 2026 | | □Other: | |
| 0. | remod of Award. July 1 2024 Ju | 2020 | | | |
| | | | 11. | Evaluations: | |
| | | | | [Enter data here] | |
| | | | | | |
| 1. Sp | ecial Instructions/Conditions: 1st qu | arter payment is held until district assurance stateme | ents a | are completed correctly and submitted to KDE. 3 rd quarter payment should | |
| | held until completion of mid-year re | | | -146 | |
| | | | VE | eaun Anna | |
| 13. Aut | horized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 | |
| | | | | | |
| | | Office of Teaching and Learning | | | |
| | Education | | | | |
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| 1. | Name and Address of Recipient | | 7. | Fund Type: |
|--------|--|---|----------|---|
| | Agency Name: | Perry County Schools | | ⊠State |
| | Street Address: | 315 Park Ave | | □Federal |
| | City, State, Zip: | Hazard, KY 41701 | | □Other: |
| | | | | 148 |
| 2. | KDE Contact Information | | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | | ☐ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | ☐ Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | |
| | Street Address: | 300 Sower Blvd. | | □Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | Receipt of Invoice from Vendor |
| | | → Children . | | Encecipt of invoice from vendor |
| 3. | Description/Fun Source of Award | | 9. | Reimbursement Frequency: |
| | Description: | FY25 & FY26 Read to Achieve | ٥. | Monthly |
| | Fund Source: | General Funds | | Quarterly |
| | MUNIS Project Number: | 182L & 182M | | ☑Other: 1st and 3rd quarters |
| | MOA Number: | 24*4821 | | Mother. 1 and 3 quarters |
| | | | 10 | Financial Reporting Method: |
| 4. | Grant Authority (Source): KRS 15 | 8.792 | 10. | ⊠ Electronic Submission: CDIP |
| 5. | Award Amount: 186000 | | | Other: |
| 6. | Period of Award: July 1st 2024 – July 1st 2024 – July 1st 2024 – July 1st 2024 – July 2024 | un <mark>e 30[™] 2026</mark> | | Liother: |
| | | | 11 | Evaluations: |
| | | | 11. | |
| | | | | [Enter data here] |
| 1 Sn | ocial Instructions/Conditions: 1st gu | parter nayment is held until district assurance state | omonts a | re completed correctly and submitted to KDE. 3 rd quarter payment should |
| _ | held until completion of mid-year r | | emems a | Te completed correctly and submitted to KDL. 3 quarter payment should |
| be | neid diffil completion of filid-year i | Common | We | alth American |
| 13 Aut | horized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
| 13. Au | monzed by (Name, Title). | Which hay, effer Academic Officer | | bate. 1/10/2024 |
| | | Office of Teaching and Learning | | |
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| 1. | Name and Address of Recipien | ıt . | 7. | Fund Type: |
|---------|------------------------------------|---|----------------|--|
| | Agency Name: | Pike County Schools | | ⊠State |
| | Street Address: | 316 South Mayo Trail | | □Federal |
| | City, State, Zip: | Pikeville, KY 41501 | | □Other: |
| | | | | 462 |
| 2. | | | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | | ☐ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | ☐ Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | |
| | Street Address: | 300 Sower Blvd. | | □Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | Receipt of Invoice from Vendor |
| | | Children | | Zinedelpt of invoice from ventor |
| 3. | Description/Fun Source of Awa | | 9. | Reimbursement Frequency: |
| | Description: | FY25 & FY26 Read to Achieve | 3. | □Monthly |
| | Fund Source: | General Funds | | Quarterly |
| | MUNIS Project Number: | 182L & 182M | | ☑ Other: 1 st and 3 rd quarters |
| | MOA Number: | 24*4833 | | Other. 1 and 3 quarters |
| _ | 0 1 1 1 1 15 | 450 700 | 10 | Financial Reporting Method: |
| 4. | Grant Authority (Source): KRS | 158.792 | | ⊠ Electronic Submission: CDIP |
| 5. | Award Amount: 124000 | Lun - 20th 2026 | | □Other: |
| 6. | Period of Award: July 1st 2024 - | - June 30 - 2026 | | Liouter. |
| | | | 11. | Evaluations: |
| | | | | [Enter data here] |
| | | | 2 | |
| 1. Sp | ecial Instructions/Conditions: 1st | quarter payment is held until district assura | nce statements | are completed correctly and submitted to KDE. 3 rd quarter payment should |
| be | held until completion of mid-yea | ar requirements. | 0.40 | -14L |
| | | | OHWE | |
| 13. Aut | thorized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
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| | | Office of Teaching and Learning | | |
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| 1. | Name and Address of Recipient | | 7. | Fund Type: |
|-------------------|--------------------------------------|--|---------|--|
| | Agency Name: | Russell County Schools | | ⊠State |
| | Street Address: | 404 S Main St | 10 | □Federal |
| | City, State, Zip: | Jamestown, KY 42629 | | □Other: |
| 2. | KDE Contact Information | CAR | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | | □ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | □ Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | △ Automatic Payment |
| | Street Address: | 300 Sower Blvd. | | Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | □ Receipt of Invoice from Vendor |
| 3. | Description/Fun Source of Awar | d and Fiscal Vear: | | |
| 3. | Description: | FY25 & FY26 Read to Achieve | 9. | Reimbursement Frequency: |
| | Fund Source: | General Funds | | □ Monthly |
| | MUNIS Project Number: | 182L & 182M | | Quarterly |
| | MOA Number: | 24*4826 | | ☑Other: 1 st and 3 rd quarters |
| 4. | Grant Authority (Source): KRS 15 | 29 702 | 10. | Financial Reporting Method: |
| 5. | Award Amount: 62000 | 00.732 | | ☑ Electronic Submission: CDIP |
| 5. 6. | Period of Award: July 1st 2024 – | June 30 th 2026 | | □Other: |
| 0. | Teriod of Award. July 1 2024 | 30 2020 | | |
| | | | 11. | Evaluations: |
| | | | | [Enter data here] |
| | | | | |
| 1. Sp | ecial Instructions/Conditions: 1st q | uarter payment is held until district assurance staten | nents a | are completed correctly <mark>and submitted to KDE. 3rd quarter payment should</mark> |
| be | held until completion of mid-year | requirements. | WE | ealth Anna |
| 13. Aut | horized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
| | | Office of Teaching and Learning | | |
| | | Educa | at | |

| 1. | Name and Address of Recipient | | 7. | Fund Type: |
|--------|--|--|---------|--|
| | Agency Name: | Shelby County Schools | | ⊠State |
| | Street Address: | 1155 W Main St | 10 | □Federal |
| | City, State, Zip: | Shelbyville, KY 40065 | | □Other: |
| | | | | 468 |
| 2. | | | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | | ☐ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | ☐ Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | |
| | Street Address: | 300 Sower Blvd. | | □Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | Receipt of Invoice from Vendor |
| | | (Children, | | Encecipt of invoice from vendor |
| 3. | Description/Fun Source of Awar | | 9. | Reimbursement Frequency: |
| | Description: | FY25 & FY26 Read to Achieve | ٦. | Monthly |
| | Fund Source: | General Funds | | Quarterly |
| | MUNIS Project Number: | 182L & 182M | | |
| | MOA Number: | 24*4822 | | ☑Other: 1 st and 3 rd quarters |
| | | | 10 | Financial Reporting Method: |
| 4. | Grant Authority (Source): KRS 15 | 8.792 | 10. | ☑ Electronic Submission: CDIP |
| 5. | Award Amount: 186000 | | | Other: |
| 6. | Period of Award: July 1 st 2024 – J | un <mark>e 30th 2026</mark> | | Liother: |
| | | | 11 | Evaluations: |
| | | | | [Enter data here] |
| | | | | [Effect data here] |
| 1. Sp | ecial Instructions/Conditions: 1st q | uarter payment is held until district assurance staten | nents a | are completed correctly and submitted to KDE. 3rd quarter payment should |
| | held until completion of mid-year | | | -141- |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | WE | eaith Anns |
| 13. Au | thorized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
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| | | Office of Teaching and Learning | | |
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| | | 701100 | | |
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| 1. | Name and Address of Recipient | | 7. | Fund Type: |
|-----------|---------------------------------------|---|--------|--|
| | Agency Name: | Spencer County Schools | | ⊠State |
| | Street Address: | 110 Reasor Ave | P | □Federal |
| | City, State, Zip: | Taylorsville, KY 40071 | | □Other: |
| 2. | KDE Contact Information | | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | | ☐ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | □ Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | △ Automatic Payment |
| | Street Address: | 300 Sower Blvd. | | Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | Receipt of Invoice from Vendor |
| | | Children. | | The ceipt of invoice noin vehicle |
| 3. | Description/Fun Source of Award | and Fiscal Year: | 9. | Reimbursement Frequency: |
| | Description: | FY25 & FY26 Read to Achieve | ٦. | Monthly |
| | Fund Source: | General Funds | | Quarterly |
| | MUNIS Project Number: | 182L & 182M | | ☑Other: 1 st and 3 rd quarters |
| | MOA Number: | 24*4827 | | Mother: 1" and 3" quarters |
| | | | 10 | Financial Reporting Method: |
| 4. | Grant Authority (Source): KRS 15 | 8.792 | 10. | Electronic Submission: CDIP |
| 5. | Award Amount: 62000 | | | Other: |
| 6. | Period of Award: July 1st 2024 – J | une 30 th 2026 | | Dottler. |
| | | | 11 | Evaluations: |
| | | | 11. | [Enter data here] |
| | | | | [Linter data nere] |
| 1. Sne | ecial Instructions/Conditions: 1st qu | uarter navment is held until district assurance stateme | ents a | are completed correctly and submitted to KDE. 3rd quarter payment should |
| - | held until completion of mid-year r | | | are completed correctly and submitted to RDE. 3 quarter payment should |
| 20 | nera anti completion of mia year. | Commony | VE | ealth Anna |
| 13. Aut | horized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
| | | | | |
| | | Office of Teaching and Learning | | |
| Education | | | | |

| 1. | Name and Address of Recipient | | 7. | Fund Type: |
|-----------|--|---|--------|--|
| | Agency Name: | Taylor County Schools | | ⊠State |
| | Street Address: | 1209 E Braodway | 1 | □Federal |
| | City, State, Zip: | Campbellsville, KY 42718 | | □Other: |
| 2. | KDE Contact Information | C | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | | ☐ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | □ Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | ■ Automatic Payment |
| | Street Address: | 300 Sower Blvd. | | Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | Receipt of Invoice from Vendor |
| | | Children. | | Execute of invoice from vendor |
| 3. | Description/Fun Source of Award | and Fiscal Year: | 9. | Reimbursement Frequency: |
| | Description: | FY25 & FY26 Read to Achieve | ٦. | Monthly |
| | Fund Source: | General Funds | | Quarterly |
| | MUNIS Project Number: | 182L & 182M | | ☑ Other: 1 st and 3 rd quarters |
| | MOA Number: | 24*4828 | | Other: 1" and 3" quarters |
| | | | 10 | Financial Reporting Method: |
| 4. | Grant Authority (Source): KRS 15 | 3.792 | 10. | Electronic Submission: CDIP |
| 5. | Award Amount: 62000 | | | Other: |
| 6. | Period of Award: July 1st 2024 – July 1st 2024 | un <mark>e 30th 2026</mark> | | Dottler. |
| | | | 11 | Evaluations: |
| | | | 11. | [Enter data here] |
| | | | | [Effet data fiere] |
| 1 Sne | ocial Instructions/Conditions: 1st qu | parter navment is held until district assurance stateme | onts a | are completed correctly and submitted to KDE. 3rd quarter payment should |
| - | held until completion of mid-year r | | 21163 | are completed correctly and submitted to RDE. 3 quarter payment should |
| 00 | meia antin completion of fina year i | Commony | VE | ealth Anna |
| 13. Aut | horized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
| | | | | |
| | | Office of Teaching and Learning | | |
| Education | | | | |

| 1. | Name and Address of Recipient | | 7. | Fund Type: | | |
|---------|--------------------------------------|-----------------------------------|-------------|--|--|--|
| | Agency Name: | Walton-Verona Independent Schools | | ⊠State | | |
| | Street Address: | 16 School Rd | 10 | □Federal | | |
| | City, State, Zip: | Walton, KY 41094 | | □Other: | | |
| _ | | | | 14 C A | | |
| 2. | KDE Contact Information | | | | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment | | |
| | Street Address: | 300 Sower Blvd. | | ☐ Federal Cash Request | | |
| | City, State Zip: | Frankfort, KY 40601 | | ☐ Expenditure Reimbursement | | |
| | Budget Contact: | Shelby Clontz | | | | |
| | Street Address: | 300 Sower Blvd. | | Lump Sum | | |
| | City, State Zip: | Frankfort, KY 40601 | | Receipt of Invoice from Vendor | | |
| | | Children. | | Encecipe of invoice from Vendor | | |
| 3. | Description/Fun Source of Award | and Fiscal Year: | 9. | Reimbursement Frequency: | | |
| | Description: | FY25 & FY26 Read to Achieve | ٦. | Monthly | | |
| | Fund Source: | General Funds | | | | |
| | MUNIS Project Number: | 182L & 182M | | Quarterly | | |
| | MOA Number: | 24*4829 | | ☑Other: 1 st and 3 rd quarters | | |
| _ | 0 1 1 1 1 16 1 16 | 700 | 10 | Financial Reporting Method: | | |
| 4. | Grant Authority (Source): KRS 158 | 3.792 | | ⊠ Electronic Submission: CDIP | | |
| 5. | Award Amount: 62000 | 20th 2026 | | Other: | | |
| 6. | Period of Award: July 1st 2024 – Ju | Ine 30 " 2026 | | Liother. | | |
| | | | 11. | Evaluations: | | |
| | | | | [Enter data here] | | |
| | | 0110 | | | | |
| | | | ents a | are completed correctly and submitted to KDE. 3 rd quarter payment should | | |
| be | held until completion of mid-year re | equirements. | X 74 | olth Aller | | |
| | | Commons | VC | aitii Ameri | | |
| 13. Aut | horized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 | | |
| | | Office of Teaching and Learning | | | | |
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| | | | | | | |
| | Education | | | | | |
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| 1. | Name and Address of Recipient | | 7. | Fund Type: | |
|---------------------------------|------------------------------------|---|------------|--|--|
| | Agency Name: | Warren County Schools | | ⊠State | |
| | Street Address: | 303 Lover's Ln., P.O. Box 51810 | 10 | □Federal | |
| | City, State, Zip: | Bowling Green, KY 42102 | | □Other: | |
| | | | | | |
| 2. | KDE Contact Information | C | | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment | |
| | Street Address: | 300 Sower Blvd. | | ☐ Federal Cash Request | |
| | City, State Zip: | Frankfort, KY 40601 | | □ Expenditure Reimbursement | |
| | Budget Contact: | Shelby Clontz | | ■ Automatic Payment | |
| | Street Address: | 300 Sower Blvd. | | Lump Sum | |
| | City, State Zip: | Frankfort, KY 40601 | | | |
| | | Children | | Receipt of Invoice from Vendor | |
| 3. | Description/Fun Source of Awar | d and Fiscal Year: | 0 | Deimburgen auf François au | |
| | Description: | FY25 & FY26 Read to Achieve | 9. | Reimbursement Frequency: | |
| | Fund Source: | General Funds | | Monthly | |
| | MUNIS Project Number: | 182L & 182M | | Quarterly | |
| | MOA Number: | 24*4830 | | ☑Other: 1 st and 3 rd quarters | |
| | | | | | |
| 4. | Grant Authority (Source): KRS 15 | 8.792 | 10. | Financial Reporting Method: | |
| 5. | Award Amount: 62000 | | | ☑ Electronic Submission: CDIP | |
| 6. | Period of Award: July 1st 2024 - J | un <mark>e 30th 20</mark> 26 | | □Other: | |
| | | | | | |
| | | | 11. | Evalua <mark>tions: </mark> | |
| | | | | [Enter data here] | |
| | | 0110 | | | |
| | | | nents a | are completed correctly and submitted to KDE. 3 rd quarter payment should | |
| be | held until completion of mid-year | requirements. | T 7 | ofth American | |
| | | COMMITTEE | VC | aitii Ameri | |
| 13. Aut | horized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 | |
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| Office of Teaching and Learning | | | | | |
| Education | | | | | |
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| 1. | Name and Address of Recipient | | 7. | Fund Type: | |
|---------------------------------|---------------------------------------|---|--------|--|--|
| | Agency Name: | Wayne County Schools | | ⊠State | |
| | Street Address: | 1025 South Main St. | 10 | □Federal | |
| | City, State, Zip: | Monticello, KY 42633 | | □Other: | |
| | | | | 462 | |
| 2. | | | | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment | |
| | Street Address: | 300 Sower Blvd. | | ☐ Federal Cash Request | |
| | City, State Zip: | Frankfort, KY 40601 | | ☐ Expenditure Reimbursement | |
| | Budget Contact: | Shelby Clontz | | | |
| | Street Address: | 300 Sower Blvd. | | Lump Sum | |
| | City, State Zip: | Frankfort, KY 40601 | | Receipt of Invoice from Vendor | |
| | | ◆ Children • | | Encocipt of invoice from vendor | |
| 3. | Description/Fun Source of Award | | 9. | Reimbursement Frequency: | |
| | Description: | FY25 & FY26 Read to Achieve | ٦. | Monthly | |
| | Fund Source: | General Funds | | Quarterly | |
| | MUNIS Project Number: | 182L & 182M | | · · | |
| | MOA Number: | 24*4835 | | ☑Other: 1 st and 3 rd quarters | |
| _ | | | 10 | Financial Reporting Method: | |
| 4. | Grant Authority (Source): KRS 158 | 3.792 | 10. | ☑ Electronic Submission: CDIP | |
| 5. | Award Amount: 124000 | | | Other: | |
| 6. | Period of Award: July 1st 2024 – Ju | un <mark>e 30th 2026</mark> | | Dottler. | |
| | | | 11. | Evaluations: | |
| | | | | [Enter data here] | |
| | | O | | [Enter data here] | |
| 1. Sp | ecial Instructions/Conditions: 1st qu | arter payment is held until district assurance statem | ents a | are completed correctly and submitted to KDE. 3 rd quarter payment should | |
| be | held until completion of mid-year r | equirements. | | -141 | |
| | | | VC | aim Anna | |
| 13. Aut | thorized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 | |
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| Office of Teaching and Learning | | | | | |
| Education | | | | | |
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| 1. | Name and Address of Re | · · | 7. | Fund Type: | | | |
|----------------|---|--|-----|---|--|--|--|
| | Agency Name: | Whitley County Schools | | ⊠State | | | |
| | Street Address: | 300 Main St. | | □Federal | | | |
| | City, State, Zip: | Williamsburg, KY 40769 | | □Other: | | | |
| 2. | Description: | Dainelle Ward 300 Sower Blvd. Frankfort, KY 40601 Shelby Clontz 300 Sower Blvd. Frankfort, KY 40601 of Award and Fiscal Year: FY25 & FY26 Read to Achieve | 9. | Method of Payment ☐ Federal Cash Request ☐ Expenditure Reimbursement ☑ Automatic Payment ☐ Lump Sum ☐ Receipt of Invoice from Vendor Reimbursement Frequency: ☐ Monthly | | | |
| | Fund Source: | General Funds | | Quarterly | | | |
| | MUNIS Project Number: MOA Number: | 182L & 182M 24*4836 | | ☑Other: 1 st and 3 rd quarters | | | |
| 4. 5. 6. | Grant Authority (Source Award Amount: 434000 Period of Award: July 1 st | | | Financial Reporting Method: ☑ Electronic Submission: CDIP ☐ Other: Evaluations: [Enter data here] | | | |
| be | 1. Special Instructions/Conditions: 1 st quarter payment is held until district assurance statements are completed correctly and submitted to KDE. 3 rd quarter payment should be held until completion of mid-year requirements. | | | | | | |
| 13. Aut | horized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 | | | |
| | | Office of Teaching and Learning | cat | | | | |

| 1. | Name and Address of Recipient | | 7. | Fund Type: |
|-----------|--|-----------------------------------|---------|---|
| | Agency Name: | Willaimsburg Independent Schools | | ⊠State |
| | Street Address: | 1000 Main St | 110 | □Federal |
| | City, State, Zip: | Williamsburg, KY 40769 | | □Other: |
| 2. | KDE Contact Information | | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment |
| | Street Address: | 300 Sower Blvd. | ٥. | □ Federal Cash Request |
| | City, State Zip: | Frankfort, KY 40601 | | □Expenditure Reimbursement |
| | Budget Contact: | Shelby Clontz | | ■ Automatic Payment |
| | Street Address: | 300 Sower Blvd. | | Lump Sum |
| | City, State Zip: | Frankfort, KY 40601 | | Receipt of Invoice from Vendor |
| | | (hildren | | Execupt of invoice from vendor |
| 3. | Description/Fun Source of Award | d and Fiscal Year: | 9. | Reimbursement Frequency: |
| | Description: | FY25 & FY26 Read to Achieve | Э. | Monthly |
| | Fund Source: | General Funds | | · |
| | MUNIS Project Number: | 182L & 182M | | Quarterly |
| | MOA Number: | 24*4831 | | ☑Other: 1 st and 3 rd quarters |
| 4 | Grant Authority (Source): KRS 15 | 9 702 | 10. | Financial Reporting Method: |
| 4. | Award Amount: 62000 | 8.792 | | ☑ Electronic Submission: CDIP |
| 5. 6. | Period of Award: July 1st 2024 – J | une 30 th 2026 | | □Other: |
| 0. | remod of Award. July 1 2024 – J | une 30 2020 | | |
| | | | 11. | Evaluations: |
| | | | | [Enter data here] |
| | | 0111 | | |
| - | The state of the s | | ments a | are completed correctly <mark>and submitted to</mark> KDE. 3 rd quarter payment should |
| be | held until completion of mid-year i | requirements. | WE | ealth American |
| 13. Aut | horized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 |
| | | Office of Teaching and Learning | | |
| Education | | | | |

| 1. | Name and Address of Recipient | | 7. | Fund Type: | |
|---------------------------------|---------------------------------------|---|------------------|--|--|
| | Agency Name: | Wolfe County Schools | | ⊠State | |
| | Street Address: | PO Box 160 | a p | □Federal | |
| | City, State, Zip: | Campton, KY 41301 | | □Other: | |
| | | | | | |
| 2. | KDE Contact Information | | | | |
| | Program Consultant: | Dainelle Ward | 8. | Method of Payment | |
| | Street Address: | 300 Sower Blvd. | | ☐ Federal Cash Request | |
| | City, State Zip: | Frankfort, KY 40601 | | □ Expenditure Reimbursement | |
| | Budget Contact: | Shelby Clontz | | △ Automatic Payment | |
| | Street Address: | 300 Sower Blvd. | | Lump Sum | |
| | City, State Zip: | Frankfort, KY 40601 | | | |
| | | Children | | Receipt of Invoice from Vendor | |
| 3. | Description/Fun Source of Awar | d and Fiscal Year: | 0 | Daint and the second se | |
| | Description: | FY25 & FY26 Read to Achieve | 9. | Reimbursement Frequency: | |
| | Fund Source: | General Funds | | Monthly | |
| | MUNIS Project Number: | 182L & 182M | | Quarterly | |
| | MOA Number: | 24*4823 | | ☑Other: 1 st and 3 rd quarters | |
| | | | | | |
| 4. | Grant Authority (Source): KRS 1 | 58.792 | 10. | Financial Reporting Method: | |
| 5. | Award Amount: 186000 | | | ☑ Electronic Submission: CDIP | |
| 6. | Period of Award: July 1st 2024 - | Jun <mark>e 30th 20</mark> 26 | | □Othe <mark>r:</mark> | |
| | | | | | |
| | | | 11. | Evaluations: | |
| | | | | [Enter data here] | |
| | | \bigcap | 40 | | |
| 1. Spe | ecial Instructions/Conditions: 1st c | quarter payment is held until district assurance stat | tements a | are completed correctly and submitted to KDE. 3 rd quarter payment should | |
| be | held until completion of mid-year | requirements. | 3 T T T C | 01+1 | |
| | | | IWC | alui Ameri | |
| 13. Aut | horized By (Name/Title): | Micki Ray, Chief Academic Officer | | Date: 7/10/2024 | |
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| Office of Teaching and Learning | | | | | |
| Education | | | | | |
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