Name and Address of Recipient		Fund Type:
Agency Name:	Barren County Board of Education	⊠State
Street Address:	202 W Washington St	□Federal
City, State, Zip:	Glasgow, KY 42141	□Other:
DUNS#:		
	Barren County Board of Education 202 W Washington St Glasgow, KY 42141	Research and Development:
KDE Contact Information		Yes
Program Consultant:	Beth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	Federal Cash Request
City, State Zip:	Frankfort, KY 40601	Expenditure Reimbursement
5 · · · · · · · · · · · · · · · · · · ·	I V 01 11 1	Automatic Payment
Description/Fun Source of Award		
Description:		Lump Sum
Federal Award Date:	N/A	Receipt of Invoice from Vendor
Fund Source:	State Funds	
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	□Monthly
MUNIS Project Number:	18CL	Quarterly
MOA Number:	N/A	<b>Other:</b> 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	
Grant Authority (Source):		Financial Reporting Method:
		☐ Electronic Submission CDIP
Award Amount:		☑Other: MUNIS project report to be <b>emailed</b> t
	()11r	Lea Lewis twice yearly: by January 25, 2025 &
\$ 165,875.00	Our	July 25, 2025.
Period of Award:	Our Commonwealth	
7/1/24-6/30/25	Commonwealth	Evaluations:
7,12.0,30,23		N/A
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions:	District will submit request to carry over 18CL funds, along with anticipated use, to C	OCTE no later than July 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm

Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Bell County Board of Education	⊠State
Street Address:	211 Virginia Ave	□Federal
City, State, Zip:	Pineville, KY 40977	□Other:
DUNS#:		
KDE Contact Information	Bell County Board of Education 211 Virginia Ave Pineville, KY 40977	Research and Development:
	Data Fuels	Yes
Program Consultant:	Beth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	☐ Federal Cash Request
City, State Zip:	Frankfort, KY 40601	Expenditure Reimbursement
Description/Fun Source of Award	and Fiscal Year:	
Description:	and Fiscal Year: 20% Facility Funds	□Lump Sum
Federal Award Date:	N/A	Receipt of Invoice from Vendor
Fund Source:	State Funds	
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	☐ Monthly
MUNIS Project Number:	18CL	Quarterly
MOA Number:	N/A	Other: 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	
Grant Authority (Source):		Financial Reporting Method:
		□ Electronic Submission CDIP
		☑Other: MUNIS project report to be <b>emailed</b> t
Award Amount:	0110	Lea Lewis twice yearly: by January 25, 2025 &
\$ 58,817.00	Our Commonwealth	July 25, 2025.
Period of Award:	Commonwealth A	
7/1/24-6/30/25	Committee	Evaluations:
		N/A
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions:	District will submit request to carry over 18CL funds, along with anticipated use, to C	OCTE no later than July 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm

Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Boone County Board of Education	⊠State
Street Address:	8330 US 42	□Federal
City, State, Zip:	Florence, KY 41042	□Other:
DUNS#:	Boone County Board of Education 8330 US 42 Florence, KY 41042	
		Research and Development:
KDE Contact Information		Yes
Program Consultant:	Beth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	2110
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	Federal Cash Request
City, State Zip:	Frankfort, KY 40601	Expenditure Reimbursement
Description/Fun Source of Award		☑ Automatic Payment
Description:		Lump Sum
Federal Award Date:	N/A	Receipt of Invoice from Vendor
Fund Source:	State Funds	
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	☐ Monthly
MUNIS Project Number:	18CL	□ Quarterly
MOA Number:	N/A	<b>⊠Other:</b> 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	
Grant Authority (Source):		Financial Reporting Method:
		☐ Electronic Submission CDIP
		⊠Other: MUNIS project report to be <b>emailed</b> t
Award Amount:	<u> </u>	Lea Lewis twice yearly: by January 25, 2025 &
\$ 73,319.00	Oui	July 25, 2025.
Period of Award:	Our Commonwealth	•
7/1/24-6/30/25	Commonwealth	Evaluations:
7/1/24-0/30/23		N/A
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions: D	Pistrict will submit request to carry over 18CL funds, along with anticipated use, to C	OCTE no later than July 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Breathitt County Board of Education	⊠State
Street Address:	420 Court St	□Federal
City, State, Zip:	Jackson, KY 41339	□Other:
DUNS#:		
	Breathitt County Board of Education 420 Court St Jackson, KY 41339	Research and Development:
KDE Contact Information		Yes
Program Consultant:	Beth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	Federal Cash Request
City, State Zip:	Frankfort, KY 40601	Expenditure Reimbursement
		•
Description/Fun Source of Award		⊠ Automatic Payment
Description:		Lump Sum
Federal Award Date:	N/A	Receipt of Invoice from Vendor
Fund Source:	State Funds	
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	☐ Monthly
MUNIS Project Number:	18CL	□ Quarterly
MOA Number:	N/A	<b>☑Other:</b> 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	
Grant Authority (Source):		Financial Reporting Method:
		□ Electronic Submission CDIP
		⊠Other: MUNIS project report to be <b>emailed</b> t
Award Amount:	$\bigcap$	Lea Lewis twice yearly: by January 25, 2025 &
\$ 50,494.00	Oui	July 25, 2025.
	Commonwoolth	July 23, 2023.
Period of Award:	Our Commonwealth	Evaluations:
7/1/24-6/30/25		N/A
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions:	District will submit request to carry over 18CL funds, along with anticipated use, to 0	OCTE no later than July 15, 2025
special modulations, conditions.	sistifict will subtrict request to carry over 1001 junus, along with unticipated use, to	5012 no later than 541y 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm

Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Breckinridge County Board of Education	⊠State
Street Address:	86 Airport Rd	□Federal
City, State, Zip:	Hardinsburg, KY 40143	□Other:
DUNS#:		- one.
	Breckinridge County Board of Education 86 Airport Rd Hardinsburg, KY 40143	Research and Development:
KDE Contact Information		Yes
Program Consultant:	Beth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	Federal Cash Request
City, State Zip:	Frankfort, KY 40601	Expenditure Reimbursement
Description (For Course of Aura)	The state of the s	Automatic Payment
Description/Fun Source of Award		•
Description: Federal Award Date:		Lump Sum
Fund Source:	N/A State Funds	Receipt of Invoice from Vendor
		Daine Language Francisco
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A 18CL	Monthly
MUNIS Project Number: MOA Number:		Quarterly
Pass-through Number:	N/A N/A	<b>Other:</b> 50% in 2 <sup>nd</sup> quarter with balance to be
Restricted Indirect Cost Rate:	N/A	paid in fourth quarter.
Grant Authority (Source):	N/A	
Grant Authority (Source).		Financial Reporting Method:
		☐ Electronic Submission CDIP
Award Amount:		☑Other: MUNIS project report to be <b>emailed</b> t
\$ 69,039.00	()11t	Lea Lewis twice yearly: by January 25, 2025 &
, 11,111	111	July 25, 2025.
Period of Award:	Our Commonwealth	
7/1/24-6/30/25		Evaluations:
		N/A
Consortia/Partnership Members:	N/A	
Special Instructions / Conditions		OCTE no letonthen like 15, 2025
Special instructions/Conditions:	istrict will submit request to carry over 18CL funds, along with anticipated use, to 0	OCIE no later than July 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm

Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Bullitt County Board of Education	⊠State
Street Address:	1040 Hwy 44 E	□Federal
City, State, Zip:	Shepherdsville, KY 40165	□Other:
DUNS#:		
	Bullitt County Board of Education 1040 Hwy 44 E Shepherdsville, KY 40165	Research and Development:
KDE Contact Information		Yes
Program Consultant:	Beth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	2 110
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	Federal Cash Request
City, State Zip:	Frankfort, KY 40601	Expenditure Reimbursement
Description/Fun Source of Award		Automatic Payment
Description:		Lump Sum
Federal Award Date:	N/A	Receipt of Invoice from Vendor
Fund Source:	State Funds	
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	Monthly
MUNIS Project Number:	18CL	Quarterly
MOA Number:	N/A	<b>Other:</b> 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	
Grant Authority (Source):		Financial Reporting Method:
		☐ Electronic Submission CDIP
Award Amount:		⊠Other: MUNIS project report to be <b>emailed</b> t
\$ 87,614.00	()111	Lea Lewis twice yearly: by January 25, 2025 &
387,014.00	Our	July 25, 2025.
Period of Award:	Our Commonwealth	
7/1/24-6/30/25	Commonwealth	<b>Evaluations:</b>
		N/A
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions:	District will submit request to carry over 18CL funds, along with anticipated use, to C	OCTE no later than July 15, 2025
Special mistractions, conditions.	institution sustaine request to early over 1001 junus, along with unficipated use, to early	7012 110 later than July 13, 2023.

Authorized By (Name, Title): Beth Hargis, Associate Comm

Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Butler County Board of Education	⊠ State
Street Address:	203 N Tyler St	□Federal
City, State, Zip:	Butler County Board of Education 203 N Tyler St Morgantown, KY 42261	□Other:
DUNS#:	Worgantown, KI 42201	□Other:
20110111		Research and Davidonments
KDE Contact Information		Research and Development:  Yes
Program Consultant:	Beth Engle	
Street Address:	300 Sower Blvd, 5th Floor	⊠ No
Budget Contact:	Lea Lewis	10 10
Street Address:	300 Sower Blvd, 5th Floor	Method of Payment
City, State Zip:	Frankfort, KY 40601	Federal Cash Request
		Expenditure Reimbursement
<b>Description/Fun Source of Award</b>	and Fiscal Year: 20% Facility Funds	
Description:	20% Facility Funds	□Lump Sum
Federal Award Date:	N/A	Receipt of Invoice from Vendor
Fund Source:	State Funds	
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	☐ Monthly
MUNIS Project Number:	18CL	Quarterly
MOA Number:	N/A	⊠Other: 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	
Grant Authority (Source):		Financial Reporting Method:
		Electronic Submission CDIP
		Solution Submission Sub
Award Amount:	$\Omega$	Lea Lewis twice yearly: by January 25, 2025 &
\$ 53,840.00	Our A	July 25, 2025.
	Commonwoolth	July 25, 2025.
Period of Award:	Our Commonwealth	Evaluations:
7/1/24-6/30/25		N/A
		N/A
	11/4	
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions:	District will submit request to carry over 18CL funds, along with anticipated use, to C	OCTE no later than July 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm

Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Caldwell County Board of Education	⊠State
Street Address:	612 W Washington St	□Federal
City, State, Zip:	Princeton, KY 42445	□Other:
DUNS#:		
WD5.0	Caldwell County Board of Education 612 W Washington St Princeton, KY 42445	Research and Development:
KDE Contact Information		Yes
Program Consultant:	Beth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	☐ Federal Cash Request
City, State Zip:	Frankfort, KY 40601	☐ Expenditure Reimbursement
Description/Fun Source of Award	and Fiscal Voar	
Description:	and Fiscal Year: 20% Facility Funds	□Lump Sum
Federal Award Date:	N/A	Receipt of Invoice from Vendor
Fund Source:	State Funds	
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	□Monthly
MUNIS Project Number:	18CL	Quarterly
MOA Number:	N/A	<b>Solution</b> Solution
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	paid in fourth quarter.
Grant Authority (Source):		Financial Reporting Method:
		Electronic Submission CDIP
		☑Other: MUNIS project report to be emailed t
Award Amount:	044	Lea Lewis twice yearly: by January 25, 2025 &
\$ 129,429.00	Our A	July 25, 2025.
	Our Commonwealth	July 23, 2023.
Period of Award:	Commonwealth	Evaluations:
7/1/24-6/30/25		N/A
Consortia/Partnership Members:	N/A	
Special Instructions /Canditions /	District will submit request to says over 1901 funds along with anticipated was to	OCTE no later than luly 15, 2025
special instructions, conditions:	District will submit request to carry over 18CL funds, along with anticipated use, to C	Jete no luter than July 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm

Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Campbell County Board of Education	⊠State
Street Address:	101 Orchard Ln	□Federal
City, State, Zip:	Alexandria, KY 41001	□Other:
DUNS#:		
	Campbell County Board of Education 101 Orchard Ln Alexandria, KY 41001	Research and Development:
KDE Contact Information		Yes
Program Consultant:	Beth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	Federal Cash Request
City, State Zip:	Frankfort, KY 40601	Expenditure Reimbursement
5 · · · · · · · · · · · · · · · · · · ·	I V 01 11 1	Automatic Payment
Description/Fun Source of Award		
Description:		Lump Sum
Federal Award Date:	N/A	Receipt of Invoice from Vendor
Fund Source:	State Funds	
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	□ Monthly
MUNIS Project Number:	18CL	Quarterly
MOA Number:	N/A	<b>Other:</b> 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	
Grant Authority (Source):		Financial Reporting Method:
		☐ Electronic Submission CDIP
Award Amount:		☑Other: MUNIS project report to be <b>emailed</b> t
	()11r	Lea Lewis twice yearly: by January 25, 2025 &
\$ 95,604.00	Oui	July 25, 2025.
Period of Award:	Our Commonwealth	
7/1/24-6/30/25	Commonwealth	Evaluations:
7,12.0,30,23		N/A
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions:	District will submit request to carry over 18CL funds, along with anticipated use, to 0	OCTE no later than July 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm

Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Carroll County Board of Education 813 Hawkins St Carrollton, KY 41008	⊠State
Street Address:	813 Hawkins St	□Federal
City, State, Zip:	Carrollton, KY 41008	□Other:
DUNS#:		
		Research and Development:
KDE Contact Information		Yes
Program Consultant:	Beth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	Federal Cash Request
City, State Zip:	Frankfort, KY 40601	Expenditure Reimbursement
5	1 V 01 11 1	✓ Automatic Payment
Description/Fun Source of Award		
Description:		Lump Sum
Federal Award Date: Fund Source:	N/A State Funds	Receipt of Invoice from Vendor
		Dain human at Frances
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A 1801	Monthly
MUNIS Project Number: MOA Number:	18CL N/A	Quarterly
	N/A N/A	<b>Other:</b> 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number:		paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	
Grant Authority (Source):		Financial Reporting Method:
		☐ Electronic Submission CDIP
Award Amount:		☑Other: MUNIS project report to be <b>emailed</b> t
\$ 72,298.00	Our Commonwealth	Lea Lewis twice yearly: by January 25, 2025 &
Ţ , <u>_</u> ,		July 25, 2025.
Period of Award:	Commonwealth A	
7/1/24-6/30/25		Evaluations:
		N/A
<b>Consortia/Partnership Members:</b>	N/A	
Special Instructions/Conditions: D	District will submit request to carry over 18CL funds, along with anticipated use, to	OCTE no later than July 15, 2025.
Authorized By (Name, Title): Beth	Hargis, Associate Comm Date: 9/10/2024	

Authorized By (Name, Title): Beth Hargis, Associate Comm Office of Career & Technical Education

Name and Address of Recipient		Fund Type:
Agency Name:	Casey County Board of Education	⊠State
Street Address:	1922 N US 127	□Federal
City, State, Zip:	Liberty, KY 42539	□Other:
DUNS#:	Casey County Board of Education 1922 N US 127 Liberty, KY 42539	= other:
		Research and Development:
KDE Contact Information		Yes
Program Consultant:	Beth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	Z NO
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	-
City, State Zip:	Frankfort, KY 40601	Federal Cash Request
		☐ Expenditure Reimbursement
Description/Fun Source of Award		
Description:		□Lump Sum
Federal Award Date:	N/A	Receipt of Invoice from Vendor
Fund Source:	State Funds	
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	☐ Monthly
MUNIS Project Number:	18CL	□ Quarterly
MOA Number:	N/A	<b>⊠Other:</b> 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	
Grant Authority (Source):		Financial Reporting Method:
		□ Electronic Submission CDIP
		☑Other: MUNIS project report to be <b>emailed</b> t
Award Amount:	$\Omega_{110}$	Lea Lewis twice yearly: by January 25, 2025 &
\$ 70,277.00	Our A	July 25, 2025.
	Commonwoolth	July 23, 2023.
Period of Award:	Our Commonwealth	Evaluations:
7/1/24-6/30/25		N/A
		NA
Consortia/Partnership Members:	N/A	
Consortia, rai thership wellbers.		
Special Instructions/Conditions: D	District will submit request to carry over 18CL funds, along with anticipated use, to C	OCTE no later than July 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Clark County Board of Education	⊠State
Street Address:	1600 W Lexington Ave	□Federal
City, State, Zip:	Winchester, KY 40391	□Other:
DUNS#:		
	Clark County Board of Education 1600 W Lexington Ave Winchester, KY 40391	Research and Development:
KDE Contact Information		Yes
Program Consultant:	Beth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	Federal Cash Request
City, State Zip:	Frankfort, KY 40601	Expenditure Reimbursement
Description / France of Autoral	and Floor Man O 1 1 1	Automatic Payment
Description/Fun Source of Award	and Fiscal Year: 20% Facility Funds	Lump Sum
Description: Federal Award Date:	N/A	
Fund Source:	State Funds	Receipt of Invoice from Vendor
CFDA#:	N/A	Deimburgement Francisco
PR/AWARD NUMBER (FAIN):	N/A N/A	Reimbursement Frequency:
MUNIS Project Number:	18CL	Monthly
MOA Number:	N/A	Quarterly
Pass-through Number:	N/A	<b>Other:</b> 50% in 2 <sup>nd</sup> quarter with balance to be
Restricted Indirect Cost Rate:	N/A	paid in fourth quarter.
Grant Authority (Source):	N/A	
Grant Authority (Source).		Financial Reporting Method:
		Electronic Submission CDIP
Award Amount:		☑Other: MUNIS project report to be <b>emailed</b> t
\$ 83,095.00	Ullt A	Lea Lewis twice yearly: by January 25, 2025 &
, 11,111	111	July 25, 2025.
Period of Award:	Our Commonwealth	
7/1/24-6/30/25		Evaluations:
		N/A
Consortia/Partnership Members:	N/A	
Special Instructions / Conditions - 5	Sisteriate will be be a second of the sisterial and the sisterial	OCTE no lates then belong to be 15, 2025
Special instructions/Conditions: L	District will submit request to carry over 18CL funds, along with anticipated use, to C	JUIE no later than July 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm

Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Clay County Board of Education	⊠State
Street Address:	128 Richmond Rd	□Federal
City, State, Zip:	Manchester, KY 40962	□Other:
DUNS#:		_other.
	Clay County Board of Education 128 Richmond Rd Manchester, KY 40962	Research and Development:
KDE Contact Information		Yes
Program Consultant:	Beth Engle	⊠ No.
Street Address:	300 Sower Blvd, 5th Floor	
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	Federal Cash Request
City, State Zip:	Frankfort, KY 40601	Expenditure Reimbursement
Description / France of Autoral	and Fines ( Years ) 1 1 1	Automatic Payment
Description/Fun Source of Award	and Fiscal Year: 20% Facility Funds	□ Lump Sum
Description: Federal Award Date:	N/A	
Fund Source:	State Funds	Receipt of Invoice from Vendor
CFDA#:	N/A	Daimburgament Francisco
PR/AWARD NUMBER (FAIN):	N/A	Reimbursement Frequency:  Monthly
MUNIS Project Number:	18CL	
MOA Number:	N/A	Quarterly
Pass-through Number:	N/A	<b>Other:</b> 50% in 2 <sup>nd</sup> quarter with balance to be
Restricted Indirect Cost Rate:	N/A	paid in fourth quarter.
Grant Authority (Source):	NA	
Grant Authority (Source).		Financial Reporting Method:
		□ Electronic Submission CDIP
Award Amount:		☑Other: MUNIS project report to be <b>emailed</b> t
\$ 37,739.00	<b>Uur</b>	Lea Lewis twice yearly: by January 25, 2025 &
	1/1	July 25, 2025.
Period of Award:	Our Commonwealth	
7/1/24-6/30/25		Evaluations:
		N/A
Consortia/Partnership Members:	N/A	
,		7
Special Instructions/Conditions:	istrict will submit request to carry over 18CL funds, along with anticipated use, to C	OCTE no later than July 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Clinton County Board of Education	State
Street Address:	2353 North Hwy 127	□ Federal
City, State, Zip:	Albany, KY 42602	
DUNS#:	Clinton County Board of Education 2353 North Hwy 127 Albany, KY 42602	$\square$ Other:
D0N3#.		Baranah and Baralan manta
KDE Contact Information		Research and Development:
Program Consultant:	Beth Engle	Yes
Street Address:	300 Sower Blvd, 5th Floor	⊠ No
Budget Contact:	Lea Lewis	
Street Address:	300 Sower Blvd, 5th Floor	Method of Payment
City, State Zip:	Frankfort, KY 40601	☐ Federal Cash Request
, and a second		☐ Expenditure Reimbursement
Description/Fun Source of Awar	rd and Fiscal Year: 20% Facility Funds	
Description:	20% Facility Funds	□Lump Sum
Federal Award Date:	N/A	☐ Receipt of Invoice from Vendor
Fund Source:	State Funds	
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	☐ Monthly
MUNIS Project Number:	18CL	□ Quarterly
MOA Number:	N/A	☑Other: 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	
Grant Authority (Source):		Financial Reporting Method:
		□ Electronic Submission CDIP
		☑Other: MUNIS project report to be <b>emailed</b> t
Award Amount:		Lea Lewis twice yearly: by January 25, 2025 &
\$ 64,825.00	Oui	July 25, 2025.
Devied of Assessed	Our Commonwealth	301,7 23, 2023.
Period of Award:	Commonwealth	Evaluations:
7/1/24-6/30/25		N/A
Consortia/Partnership Member	s: N/A	
Special Instructions/Conditions	District will submit request to carry over 18CL funds, along with anticipated use, t	o OCTE no later than July 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm

Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Corbin Independent Board of Education	⊠State
Street Address:	108 Roy Kidd Ave	□Federal
City, State, Zip:	Corbin, KY 40701	□Other:
DUNS#:		Louici.
	Corbin Independent Board of Education 108 Roy Kidd Ave Corbin, KY 40701	Research and Development:
KDE Contact Information		Yes
Program Consultant:	Beth Engle	⊠ No.
Street Address:	300 Sower Blvd, 5th Floor	
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	Federal Cash Request
City, State Zip:	Frankfort, KY 40601	Expenditure Reimbursement
Description / Fun Saures of August	and Figgs Vegy 11 11 1	Automatic Payment
<b>Description/Fun Source of Award</b> Description:	and Fiscal Year: 20% Facility Funds	□Lump Sum
Federal Award Date:	N/A	Receipt of Invoice from Vendor
Fund Source:	State Funds	Receipt of invoice from vendor
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	☐ Monthly
MUNIS Project Number:	18CL	Quarterly
MOA Number:	N/A	•
Pass-through Number:	N/A	Other: 50% in 2 <sup>nd</sup> quarter with balance to be
Restricted Indirect Cost Rate:	N/A	paid in fourth quarter.
Grant Authority (Source):		Financial Reporting Method:
, (o a a a a a a a a a a a a a a a a a a		Electronic Submission CDIP
Award Amount:	0	☑Other: MUNIS project report to be <b>emailed</b> t
\$ 96,253.00	Our A	Lea Lewis twice yearly: by January 25, 2025 &
	Our Commonwealth	July 25, 2025.
Period of Award:	Commonwealth A	Evaluations:
7/1/24-6/30/25		N/A
		IV/C
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions:	District will submit request to carry over 18CL funds, along with anticipated use, to C	OCTE no later than July 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm

Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Estill County Board of Education	⊠State
Street Address:	253 Main St	□Federal
City, State, Zip:	Irvine, KY 40336	□Other:
DUNS#:	Estill County Board of Education 253 Main St Irvine, KY 40336	Liother.
		Research and Development:
KDE Contact Information		Yes
Program Consultant:	Beth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	≥ NO
Budget Contact:	Lea Lewis	Mathad of Dayment
Street Address:	300 Sower Blvd, 5th Floor	Method of Payment
City, State Zip:	Frankfort, KY 40601	Federal Cash Request
		☐ Expenditure Reimbursement
<b>Description/Fun Source of Award</b>		
Description:		Lump Sum
Federal Award Date:	N/A	Receipt of Invoice from Vendor
Fund Source:	State Funds	
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	☐ Monthly
MUNIS Project Number:	18CL	Quarterly
MOA Number:	N/A	☑Other: 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	
Grant Authority (Source):		Financial Reporting Method:
		☐ Electronic Submission CDIP
		⊠Other: MUNIS project report to be <b>emailed</b> t
Award Amount:	011t	Lea Lewis twice yearly: by January 25, 2025 &
\$ 70,380.00	Oui	July 25, 2025.
Period of Award:	Our Commonwealth	• •
7/1/24-6/30/25	Commonwealth	Evaluations:
7/1/24-0/30/23		N/A
Consortia/Partnership Members:	N/Δ	
Consol day Fai diership Members.		
Special Instructions/Conditions, [	historiet will submit request to correspond 10CL funds, along with anticipated use to	OCTE no later than July 15, 2025

Special Instructions/Conditions: District will submit request to carry over 18CL funds, along with anticipated use, to OCTE no later than July 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm Date: 9/10/2024

Agency Name:    Floyd County Board of Education   Sistate   Floyd County Board of Education   Sistate   Floyd County Board of Education   Sistate   Floyd City, State, Zip:   Prestonsburg, KY 41653   Other:	Name and Address of Recipient		Fund Type:
Program Consultant:  Beth Engle  Street Address:  300 Sower Blvd, 5th Floor  Budget Contact:  Lea Lewis  Street Address:  300 Sower Blvd, 5th Floor  Gity, State Zip:  Frankfort, KY 40601  Description/Fun Source of Award and Fiscal Year:  Description Fun Source of Award and Fiscal Year:  Description:  20% Facility Funds  Federal Award Date:  N/A  Fund Source:  State Funds  CFDA#:  N/A  MUNIS Project Number:  MA  MON Number:  N/A  Restricted Indirect Cost Rate:  Grant Authority (Source):  Award Amount:  \$40,751.00  Period of Award:  7/1/24-6/30/25  N/A  Consortia/Partnership Members: N/A  Method of Payment  Federal Cash Request  Federal Cash Fede	•	Floyd County Board of Education	• •
Program Consultant:  Beth Engle  Street Address:  300 Sower Blvd, 5th Floor  Budget Contact:  Lea Lewis  Street Address:  300 Sower Blvd, 5th Floor  Gity, State Zip:  Frankfort, KY 40601  Description/Fun Source of Award and Fiscal Year:  Description Fun Source of Award and Fiscal Year:  Description:  20% Facility Funds  Federal Award Date:  N/A  Fund Source:  State Funds  CFDA#:  N/A  MUNIS Project Number:  MA  MON Number:  N/A  Restricted Indirect Cost Rate:  Grant Authority (Source):  Award Amount:  \$40,751.00  Period of Award:  7/1/24-6/30/25  N/A  Consortia/Partnership Members: N/A  Method of Payment  Federal Cash Request  Federal Cash Fede		106 N Front Avo	
Program Consultant:  Beth Engle  Street Address:  300 Sower Blvd, 5th Floor  Budget Contact:  Lea Lewis  Street Address:  300 Sower Blvd, 5th Floor  Gity, State Zip:  Frankfort, KY 40601  Description/Fun Source of Award and Fiscal Year:  Description Fun Source of Award and Fiscal Year:  Description:  20% Facility Funds  Federal Award Date:  N/A  Fund Source:  State Funds  CFDA#:  N/A  MUNIS Project Number:  MA  MON Mumber:  N/A  Restricted Indirect Cost Rate:  Grant Authority (Source):  Award Amount:  \$40,751.00  Period of Award:  7/1/24-6/30/25   Method of Payment  Federal Cash Request  Expenditure Reimbursement  Expenditure Reimbursement  Repayment  Pederal Cash Request  Expenditure Reimbursement  Repayment  Pecperal Cash Request  Peppenditure Reimbursement  Repayment  Peppenditure Reimbursement  Repayment  Peppenditure Reimbursement  Peppenditur		Drostovsky W. 41652	
Program Consultant:  Beth Engle  Street Address:  300 Sower Blvd, 5th Floor  Budget Contact:  Lea Lewis  Street Address:  300 Sower Blvd, 5th Floor  Gity, State Zip:  Frankfort, KY 40601  Description/Fun Source of Award and Fiscal Year:  Description Fun Source of Award and Fiscal Year:  Description:  20% Facility Funds  Federal Award Date:  N/A  Fund Source:  State Funds  CFDA#:  N/A  MUNIS Project Number:  MA  MON Mumber:  N/A  Restricted Indirect Cost Rate:  Grant Authority (Source):  Award Amount:  \$40,751.00  Period of Award:  7/1/24-6/30/25   Method of Payment  Federal Cash Request  Expenditure Reimbursement  Expenditure Reimbursement  Repayment  Pederal Cash Request  Expenditure Reimbursement  Repayment  Pecperal Cash Request  Peppenditure Reimbursement  Repayment  Peppenditure Reimbursement  Repayment  Peppenditure Reimbursement  Peppenditur		Prestonsburg, NY 41053	□Other:
Program Consultant:  Beth Engle  Street Address:  300 Sower Blvd, 5th Floor  Budget Contact:  Lea Lewis  Street Address:  300 Sower Blvd, 5th Floor  Gity, State Zip:  Frankfort, KY 40601  Description/Fun Source of Award and Fiscal Year:  Description Fun Source of Award and Fiscal Year:  Description:  20% Facility Funds  Federal Award Date:  N/A  Fund Source:  State Funds  CFDA#:  N/A  MUNIS Project Number:  MA  MON Mumber:  N/A  Restricted Indirect Cost Rate:  Grant Authority (Source):  Award Amount:  \$40,751.00  Period of Award:  7/1/24-6/30/25   Method of Payment  Federal Cash Request  Expenditure Reimbursement  Expenditure Reimbursement  Repayment  Pederal Cash Request  Expenditure Reimbursement  Repayment  Pecperal Cash Request  Peppenditure Reimbursement  Repayment  Peppenditure Reimbursement  Repayment  Peppenditure Reimbursement  Peppenditur	DUNS#:		
Program Consultant:  Beth Engle  Street Address:  300 Sower Blvd, 5th Floor  Budget Contact:  Lea Lewis  Street Address:  300 Sower Blvd, 5th Floor  Gity, State Zip:  Frankfort, KY 40601  Description/Fun Source of Award and Fiscal Year:  Description Fun Source of Award and Fiscal Year:  Description:  20% Facility Funds  Federal Award Date:  N/A  Fund Source:  State Funds  CFDA#:  N/A  MUNIS Project Number:  MA  MON Mumber:  N/A  Restricted Indirect Cost Rate:  Grant Authority (Source):  Award Amount:  \$40,751.00  Period of Award:  7/1/24-6/30/25   Method of Payment  Federal Cash Request  Expenditure Reimbursement  Expenditure Reimbursement  Repayment  Pederal Cash Request  Expenditure Reimbursement  Repayment  Pecperal Cash Request  Peppenditure Reimbursement  Repayment  Peppenditure Reimbursement  Repayment  Peppenditure Reimbursement  Peppenditur	KDF Contact Information		•
Street Address:  Budget Contact:  Lea Lewis  Street Address:  300 Sower Blvd, 5th Floor  Lea Lewis  Street Address:  300 Sower Blvd, 5th Floor  Gity, State Zip:  Frankfort, KY 40601  Description/Fun Source of Award and Fiscal Year:  Description:  Descrip		Reth Engle	
Budget Contact:  Street Address:  300 Sower Blvd, 5th Floor  Frankfort, KY 40601  Description/Fun Source of Award and Fiscal Year:  Description:  20% Facility Funds  Federal Award Date:  N/A  Fund Source:  State Funds  CFDA#:  MOAN NUMBER (FAIN):  MOA Number:  MOA Number:  N/A  Restricted Indirect Cost Rate:  Grant Authority (Source):  Award Amount:  \$4,0751.00  Period of Award:  7/1/24-6/30/25  Method of Payment    Federal Cash Request   Expenditure Reimbursement   Award Shepped S	_		⊠ No
Street Address: City, State Zip: Frankfort, KY 40601  Description/Fun Source of Award and Fiscal Year: Description: Descri			
City, State Zip:    Frankfort, KY 40601	_		-
Description/Fun Source of Award and Fiscal Year:  Description:  Descript			☐ Federal Cash Request
Federal Award Date: Fund Source: State Funds  CFDA#: N/A PR/AWARD NUMBER (FAIN): MONIS Project Number: N/A Pass-through Number: N/A Restricted Indirect Cost Rate: Grant Authority (Source):  Award Amount: \$40,751.00  Period of Award: 7/1/24-6/30/25  N/A  Consortia/Partnership Members: N/A    Receipt of Invoice from Vendor   Receipt of Invoice from Vendor   Reimbursement Frequency:   Monthly     Quarterly     Quarterly     Quarterly     Quarterly     Quarterly     Quarterly     Quarterly     Other: 50% in 2 <sup>nd</sup> quarter with balance to be paid in fourth quarter.   Financial Reporting Method:   Electronic Submission CDIP     Quarterly     Qua	City, State 2ip.	Transfer, KT 40001	☐ Expenditure Reimbursement
Federal Award Date: Fund Source: State Funds  CFDA#: N/A PR/AWARD NUMBER (FAIN): MONIS Project Number: N/A Pass-through Number: N/A Restricted Indirect Cost Rate: Grant Authority (Source):  Award Amount: \$40,751.00  Period of Award: 7/1/24-6/30/25  N/A  Consortia/Partnership Members: N/A    Receipt of Invoice from Vendor   Receipt of Invoice from Vendor   Reimbursement Frequency:   Monthly     Quarterly     Quarterly     Quarterly     Quarterly     Quarterly     Quarterly     Quarterly     Other: 50% in 2 <sup>nd</sup> quarter with balance to be paid in fourth quarter.   Financial Reporting Method:   Electronic Submission CDIP     Quarterly     Qua	Description/Fun Source of Award	and Fiscal Year:	
Federal Award Date: Fund Source:  CFDA#:  N/A  PR/AWARD NUMBER (FAIN): MONIS Project Number:  MOA Number:  N/A  Pass-through Number:  Restricted Indirect Cost Rate: Grant Authority (Source):  Award Amount:  \$ 40,751.00  Period of Award:  7/1/24-6/30/25  N/A  Consortia/Partnership Members: N/A	•	20% Facility Funds	Lump Sum
Fund Source:  CFDA#:  N/A  PR/AWARD NUMBER (FAIN): N/A  WUNIS Project Number:  MOA Number: N/A  Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):  Award Amount: \$40,751.00  Period of Award: 7/1/24-6/30/25  Consortia/Partnership Members: N/A  Reimbursement Frequency: Monthly Monthly  Quarterly  Quarterly  Other: 50% in 2 <sup>nd</sup> quarter with balance to be paid in fourth quarter.  Financial Reporting Method:  □ Electronic Submission CDIP  ○ Other: MUNIS project report to be emailed to be paid in fourth quarter.  Evaluations: N/A  Consortia/Partnership Members: N/A	-		Receipt of Invoice from Vendor
PR/AWARD NUMBER (FAIN):  MUNIS Project Number:  MOA Number:  N/A  Pass-through Number:  Restricted Indirect Cost Rate:  Grant Authority (Source):  Award Amount:  \$ 40,751.00  Period of Award:  7/1/24-6/30/25  N/A  Consortia/Partnership Members: N/A			
PR/AWARD NUMBER (FAIN): N/A MUNIS Project Number: 18CL MOA Number: N/A Pass-through Number: N/A Restricted Indirect Cost Rate: N/A Grant Authority (Source):  Award Amount: \$ 40,751.00  Period of Award: 7/1/24-6/30/25  Consortia/Partnership Members: N/A	CFDA#:	N/A	Reimbursement Frequency:
MUNIS Project Number:  MOA Number:  N/A  Pass-through Number:  Restricted Indirect Cost Rate:  Grant Authority (Source):  Award Amount:  \$ 40,751.00  Period of Award:  7/1/24-6/30/25    Quarterly     Other: 50% in 2 <sup>nd</sup> quarter with balance to be paid in fourth quarter.    Pass-through Number:   N/A   Pass-through Number:   Pinancial Reporting Method:   □ [Electronic Submission CDIP     Other: MUNIS project report to be emailed to be paid in fourth quarter.   Pass-through Number:   Pass-through Nu	PR/AWARD NUMBER (FAIN):		
MOA Number: Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):  Award Amount: \$ 40,751.00  Period of Award: 7/1/24-6/30/25  Consortia/Partnership Members: N/A	• [		
Pass-through Number: Restricted Indirect Cost Rate: Grant Authority (Source):  Award Amount: \$ 40,751.00  Period of Award: 7/1/24-6/30/25  Consortia/Partnership Members: N/A  Paid in fourth quarter.  Pinancial Reporting Method: □ Electronic Submission CDIP □ Other: MUNIS project report to be emailed to be a leaded to b	- I also the second of the sec	N/A	
Restricted Indirect Cost Rate:  Grant Authority (Source):  Award Amount:  \$ 40,751.00  Period of Award:  7/1/24-6/30/25  Consortia/Partnership Members: N/A	Pass-through Number:		
Grant Authority (Source):  Award Amount: \$ 40,751.00  Period of Award: 7/1/24-6/30/25  Consortia/Partnership Members: N/A  Financial Reporting Method: □ Electronic Submission CDIP □ Other: MUNIS project report to be emailed to Lea Lewis twice yearly: by January 25, 2025 & July 25, 2025.  Evaluations: N/A  Consortia/Partnership Members: N/A		N/A	paid in fourth quarter.
Award Amount:  \$ 40,751.00  Period of Award: 7/1/24-6/30/25  Consortia/Partnership Members: N/A    Electronic Submission CDIP   Other: MUNIS project report to be emailed to Lea Lewis twice yearly: by January 25, 2025 & July 25, 2025.    Evaluations: N/A   N/A   N/A	Grant Authority (Source):		Financial Reporting Method:
Award Amount: \$ 40,751.00  Period of Award: 7/1/24-6/30/25  Consortia/Partnership Members: N/A    Diff			
Award Amount: \$ 40,751.00  Period of Award: 7/1/24-6/30/25  Evaluations: N/A  Consortia/Partnership Members: N/A			
7/1/24-6/30/25  Consortia/Partnership Members: N/A	Award Amount:	0440	
7/1/24-6/30/25  Consortia/Partnership Members: N/A	\$ 40,751.00	Our A	
7/1/24-6/30/25  Consortia/Partnership Members: N/A		Common on the	July 23, 2023.
7/1/24-6/30/25  Consortia/Partnership Members: N/A		Commonwealth And	Evaluations
Consortia/Partnership Members: N/A	7/1/24-6/30/25		
			N/A
Special Instructions/Conditions: District will submit request to carry over 18CL funds, along with anticipated use, to OCTE no later than July 15, 2025.	Consortia/Partnership Members:	N/A	
	Special Instructions/Conditions:	District will submit request to carry over 18CL funds, along with anticipated use, to be	OCTE no later than July 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Fulton County Board of Education	⊠State
Street Address:	2780 Moscow Ave	□Federal
City, State, Zip:	Hickman, KY 42050	□Other:
DUNS#:		_ 5 5
	Fulton County Board of Education 2780 Moscow Ave Hickman, KY 42050	Research and Development:
KDE Contact Information		Yes
Program Consultant:	Beth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	Federal Cash Request
City, State Zip:	Frankfort, KY 40601	Expenditure Reimbursement
		•
Description/Fun Source of Award		☑ Automatic Payment
Description:		Lump Sum
Federal Award Date:	N/A	Receipt of Invoice from Vendor
Fund Source:	State Funds	
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	☐ Monthly
MUNIS Project Number:	18CL	□ Quarterly
MOA Number:	N/A	<b>⊠Other:</b> 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	
Grant Authority (Source):		Financial Reporting Method:
		□ Electronic Submission CDIP
		⊠Other: MUNIS project report to be <b>emailed</b> t
Award Amount:	$\bigcap$	Lea Lewis twice yearly: by January 25, 2025 &
\$ 24,927.00	Oui	July 25, 2025.
	Commonwoolth	July 23, 2023.
Period of Award:	Our Commonwealth	Evaluations:
7/1/24-6/30/25		N/A
		N/X
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions:	District will submit request to carry over 18CL funds, along with anticipated use, to 0	OCTE no later than July 15, 2025
special moductions/ conditions.	sistilet is in submitted uest to early over 10cL junus, along with uniterpated use, to	5012 110 later than saly 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm

Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Garrard County Board of Education	⊠State
Street Address:	322 W Maple St	□Federal
City, State, Zip:	Lancaster, KY 40444	□Other:
DUNS#:		
	Garrard County Board of Education 322 W Maple St Lancaster, KY 40444	Research and Development:
KDE Contact Information		Yes
Program Consultant:	Beth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	Federal Cash Request
City, State Zip:	Frankfort, KY 40601	Expenditure Reimbursement
		•
Description/Fun Source of Award		☑ Automatic Payment
Description:		Lump Sum
Federal Award Date:	N/A	Receipt of Invoice from Vendor
Fund Source:	State Funds	
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	■ Monthly
MUNIS Project Number:	18CL	□ Quarterly
MOA Number:	N/A	<b>⊠Other:</b> 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	
Grant Authority (Source):		Financial Reporting Method:
		□ Electronic Submission CDIP
		⊠Other: MUNIS project report to be <b>emailed</b> t
Award Amount:	O11#	Lea Lewis twice yearly: by January 25, 2025 &
\$ 62,603.00	Oui	July 25, 2025.
Period of Award:	Our Commonwealth	, ,
7/1/24-6/30/25	Commonwealth	Evaluations:
7/1/24-0/30/23		N/A
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions:	District will submit request to carry over 18CL funds, along with anticipated use, to C	OCTE no later than July 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm

Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Greenup County Board of Education	⊠State
Street Address:	45 Musketeer Dr	□Federal
City, State, Zip:	Greenup, KY 41144	□Other:
DUNS#:		
KDE Courts at Information	Greenup County Board of Education 45 Musketeer Dr Greenup, KY 41144	Research and Development:
KDE Contact Information		Yes
Program Consultant:	Beth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	☐ Federal Cash Request
City, State Zip:	Frankfort, KY 40601	☐ Expenditure Reimbursement
Description/Fun Source of Award	and Fiscal Vear	
Description:	and Fiscal Year: 20% Facility Funds	□Lump Sum
Federal Award Date:	N/A	Receipt of Invoice from Vendor
Fund Source:	State Funds	
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	□Monthly
MUNIS Project Number:	18CL	Quarterly
MOA Number:	N/A	<b>Solution</b> Solution
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	paid in fourth quarter.
Grant Authority (Source):		Financial Reporting Method:
, \ \		Electronic Submission CDIP
		☑Other: MUNIS project report to be emailed t
Award Amount:	0440	
\$ 67,033.00	Our A	Lea Lewis twice yearly: by January 25, 2025 & July 25, 2025.
	Our Commonwealth	July 25, 2025.
Period of Award:	Commonwealth A	Evaluations:
7/1/24-6/30/25		N/A
		NA
	11/4	
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions:	District will submit request to carry over 18CL funds, along with anticipated use, to C	OCTE no later than July 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm

Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Harrison County Board of Education	⊠State
Street Address:	308 Webster Ave	□Federal
City, State, Zip:	Cynthiana, KY 41031	□Other:
DUNS#:		
	Harrison County Board of Education 308 Webster Ave Cynthiana, KY 41031	Research and Development:
KDE Contact Information		Yes
Program Consultant:	Beth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	Z NO
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	Federal Cash Request
City, State Zip:	Frankfort, KY 40601	-
		Expenditure Reimbursement
Description/Fun Source of Award		⊠ Automatic Payment
Description:		Lump Sum
Federal Award Date:	N/A	Receipt of Invoice from Vendor
Fund Source:	State Funds	
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	☐ Monthly
MUNIS Project Number:	18CL	□ Quarterly
MOA Number:	N/A	<b>☑Other:</b> 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	
Grant Authority (Source):		Financial Reporting Method:
		□ Electronic Submission CDIP
		☑Other: MUNIS project report to be <b>emailed</b> t
Award Amount:	$\bigcap$	Lea Lewis twice yearly: by January 25, 2025 &
\$ 68,753.00	Our	July 25, 2025.
	Commonwoolth	July 23, 2023.
Period of Award:	Our Commonwealth	Evaluations:
7/1/24-6/30/25		N/A
		N/A
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions:	District will submit request to carry over 18CL funds, along with anticipated use, to C	OCTE no later than July 15, 2025
speciai ilisti uctions/ conditions. L	ristrict will subtrict request to carry over 10cL junus, along with unticipated use, to c	Jete no later than July 13, 2023.

Authorized By (Name, Title): Beth Hargis, Associate Comm

Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Jackson County Board of Education	⊠State
Street Address:	Hwy 421	□Federal
City, State, Zip:	McKee, KY 40447	□Other:
DUNS#:		
	Jackson County Board of Education Hwy 421 McKee, KY 40447	Research and Development:
KDE Contact Information		Yes
Program Consultant:	Beth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	Federal Cash Request
City, State Zip:	Frankfort, KY 40601	Expenditure Reimbursement
Description (Fire Course of Out )	The last very control of the last very control	Automatic Payment
Description/Fun Source of Award		
Description:		Lump Sum
Federal Award Date:	N/A State Funds	Receipt of Invoice from Vendor
Fund Source:	State Funds	
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	Monthly
MUNIS Project Number:	18CL	Quarterly
MOA Number:	N/A	Other: 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	
Grant Authority (Source):		Financial Reporting Method:
		☐ Electronic Submission CDIP
Award Amount:		☑Other: MUNIS project report to be <b>emailed</b> t
\$ 45,873.00	()11t	Lea Lewis twice yearly: by January 25, 2025 &
7 -3,073.00		July 25, 2025.
Period of Award:	Our Commonwealth	
7/1/24-6/30/25	Commonwoditii	<b>Evaluations:</b>
		N/A
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions: D	istrict will submit request to carry over 18CL funds, along with anticipated use, to C	OCTE no later than July 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm

Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Knott County Board of Education	⊠State
Street Address:	1156 Hindman Bypass	□Federal
City, State, Zip:	Hindman, KY 41822	□Other:
DUNS#:		
	Knott County Board of Education 1156 Hindman Bypass Hindman, KY 41822	Research and Development:
KDE Contact Information		Yes
Program Consultant:	Beth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	Federal Cash Request
City, State Zip:	Frankfort, KY 40601	Expenditure Reimbursement
Description/Fun Source of Award		⊠ Automatic Payment
Description:		Lump Sum
Federal Award Date:	N/A	Receipt of Invoice from Vendor
Fund Source:	State Funds	
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	☐ Monthly
MUNIS Project Number:	18CL	□ Quarterly
MOA Number:	N/A	<b>⊠Other:</b> 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	
Grant Authority (Source):		Financial Reporting Method:
		□ Electronic Submission CDIP
		⊠Other: MUNIS project report to be <b>emailed</b> t
Award Amount:	O11#	Lea Lewis twice yearly: by January 25, 2025 &
\$ 56,603.00	Our	July 25, 2025.
Devied of Assessed	Our Commonwealth	23., 23, 23, 23
Period of Award:	Commonwealth	Evaluations:
7/1/24-6/30/25		N/A
Consortia/Partnership Members:	N/Δ	
Consolita, Fai theising Members.		
Special Instructions/Conditions:	District will submit request to carry over 18CL funds, along with anticipated use, to C	OCTE no later than July 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Lee County Board of Education	⊠ State
Street Address:	242 Lee Ave	□ Federal
City, State, Zip:	Beattyville, KY 41311	
DUNS#:	Lee County Board of Education 242 Lee Ave Beattyville, KY 41311	□Other:
DONS#.		Bassand and Basslands
KDE Contact Information		Research and Development:
Program Consultant:	Beth Engle	Yes
Street Address:	300 Sower Blvd, 5th Floor	⊠ No
Budget Contact:	Lea Lewis	20.
Street Address:	300 Sower Blvd, 5th Floor	Method of Payment
City, State Zip:	Frankfort, KY 40601	☐ Federal Cash Request
A		☐ Expenditure Reimbursement
<b>Description/Fun Source of Award</b>	and Fiscal Year: 20% Facility Funds	
Description:	20% Facility Funds	□Lump Sum
Federal Award Date:	N/A	☐ Receipt of Invoice from Vendor
Fund Source:	State Funds	
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	□Monthly
MUNIS Project Number:	18CL	Quarterly
MOA Number:	N/A	☑Other: 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	
Grant Authority (Source):		Financial Reporting Method:
		□ Electronic Submission CDIP
		☑Other: MUNIS project report to be <b>emailed</b> t
Award Amount:	$\bigcap$	Lea Lewis twice yearly: by January 25, 2025 &
\$ 69,016.00	Our	July 25, 2025.
	Our Commonwealth	suly 23, 2023.
Period of Award:	Commonwealth	Evaluations:
7/1/24-6/30/25		N/A
Consoutio / Doute ouchin Marchan	NI/A	
Consortia/Partnership Members:	IV/A	
Special Instructions/Conditions:	District will submit request to carry over 18CL funds, along with anticipated use, to C	OCTE no later than July 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm

Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Leslie County Board of Education	⊠State
Street Address:	27 Eagle Ln	□Federal
City, State, Zip:	Hyden, KY 41749	□Other:
DUNS#:	Leslie County Board of Education 27 Eagle Ln Hyden, KY 41749	
		Research and Development:
KDE Contact Information		Yes
Program Consultant:	Beth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	Z NO
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	Federal Cash Request
City, State Zip:	Frankfort, KY 40601	·
		Expenditure Reimbursement
Description/Fun Source of Award		⊠ Automatic Payment
Description:		Lump Sum
Federal Award Date:	N/A	Receipt of Invoice from Vendor
Fund Source:	State Funds	
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	☐ Monthly
MUNIS Project Number:	18CL	□ Quarterly
MOA Number:	N/A	<b>⊠Other:</b> 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	
Grant Authority (Source):		Financial Reporting Method:
		□ Electronic Submission CDIP
		☑Other: MUNIS project report to be <b>emailed</b> t
Award Amount:	O11#	Lea Lewis twice yearly: by January 25, 2025 &
\$ 52,733.00	Our Commonwealth	July 25, 2025.
Period of Award:	Commonwoolth	, , ,
7/1/24-6/30/25	Commonwealth	Evaluations:
7/1/24-0/30/23		N/A
Consortia/Partnership Members:	N/A	
Special Instructions /Conditions	District will submit request to carry over 18CL funds, along with anticipated use, to 0	OCTE no later than July 15, 2025
Special Histi uctions/ conditions.	nstrict win sugaint request to turry over foct junus, along with unticipated use, to t	JCIL NO NICE MAN JULY 13, 2023.

Authorized By (Name, Title): Beth Hargis, Associate Comm Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Letcher County Board of Education	⊠State
Street Address:	224 Parks St	□Federal
City, State, Zip:	Whitesburg, KY 41858	□Other:
DUNS#:		
WD5.0	Letcher County Board of Education 224 Parks St Whitesburg, KY 41858	Research and Development:
KDE Contact Information		Yes
Program Consultant:	Beth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	☐ Federal Cash Request
City, State Zip:	Frankfort, KY 40601	Expenditure Reimbursement
Description/Fun Source of Award	Land Ficeal Voor	✓ Automatic Payment
Description:	and Fiscal Year: 20% Facility Funds	□Lump Sum
Federal Award Date:	N/A	Receipt of Invoice from Vendor
Fund Source:	State Funds	The ceipt of invoice from vendor
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	☐ Monthly
MUNIS Project Number:	18CL	Quarterly
MOA Number:	N/A	•
Pass-through Number:	N/A	<b>Other:</b> 50% in 2 <sup>nd</sup> quarter with balance to be
Restricted Indirect Cost Rate:	N/A	paid in fourth quarter.
Grant Authority (Source):	N/A	Financial Banania and Adams de
Grant Authority (Source).		Financial Reporting Method:
		□ Electronic Submission CDIP
Award Amount:		⊠Other: MUNIS project report to be <b>emailed</b> t
\$ 84,400.00	Our A	Lea Lewis twice yearly: by January 25, 2025 &
. ,	111	July 25, 2025.
Period of Award:	Our Commonwealth	/
7/1/24-6/30/25		Evaluations:
		N/A
Consortia/Partnership Members	: N/A	
Special Instructions/Conditions:	District will submit request to carry over 18CL funds, along with anticipated use, to 0	OCTE no later than July 15. 2025.
,		,,

Authorized By (Name, Title): Beth Hargis, Associate Comm

Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Lincoln County Board of Education	⊠State
Street Address:	305 Danville Ave	□Federal
City, State, Zip:	Stanford, KY 40484	□Other:
DUNS#:		
	Lincoln County Board of Education 305 Danville Ave Stanford, KY 40484	Research and Development:
KDE Contact Information		Yes
Program Consultant:	Beth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	Federal Cash Request
City, State Zip:	Frankfort, KY 40601	Expenditure Reimbursement
Description/Fun Source of Award		☑ Automatic Payment
Description:		Lump Sum
Federal Award Date:	N/A	Receipt of Invoice from Vendor
Fund Source:	State Funds	
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	☐ Monthly
MUNIS Project Number:	18CL	□ Quarterly
MOA Number:	N/A	<b>⊠Other:</b> 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	
Grant Authority (Source):		Financial Reporting Method:
		□ Electronic Submission CDIP
		⊠Other: MUNIS project report to be <b>emailed</b> t
Award Amount:	0110	Lea Lewis twice yearly: by January 25, 2025 &
\$ 43,009.00	Oui	July 25, 2025.
Devied of Asserts	Our Commonwealth	33., 23, 23, 23
Period of Award:	Commonwealth	Evaluations:
7/1/24-6/30/25		N/A
Consortia/Partnership Members:	N/Δ	
Consortia, r ai thership wellibers.		
Special Instructions/Conditions: D	District will submit request to carry over 18CL funds, along with anticipated use, to C	OCTE no later than July 15. 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Logan County Board of Education	⊠State
Street Address:	2222 Bowling Green Rd	□Federal
City, State, Zip:	Russellville, KY 42276	□Other:
DUNS#:		
	Logan County Board of Education 2222 Bowling Green Rd Russellville, KY 42276	Research and Development:
KDE Contact Information		Yes
Program Consultant:	Beth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	Federal Cash Request
City, State Zip:	Frankfort, KY 40601	Expenditure Reimbursement
Description/Fun Source of Award		☑ Automatic Payment
Description:		Lump Sum
Federal Award Date:	N/A	Receipt of Invoice from Vendor
Fund Source:	State Funds	
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	□ Monthly □
MUNIS Project Number:	18CL	□ Quarterly
MOA Number:	N/A	<b>⊠Other:</b> 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	
Grant Authority (Source):		Financial Reporting Method:
		□ Electronic Submission CDIP
		☑Other: MUNIS project report to be <b>emailed</b> t
Award Amount:	O11#	Lea Lewis twice yearly: by January 25, 2025 &
\$ 106,714.00	Our	July 25, 2025.
Period of Award:	Our Commonwealth	, , ,
7/1/24-6/30/25	Commonwealth	Evaluations:
7/1/24-0/30/23		N/A
Consortia/Partnership Members:	N/A	
consortia, i ai thership members.		
Special Instructions/Conditions:	District will submit request to carry over 18CL funds, along with anticipated use, to C	OCTE no later than July 15. 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Marion County Board of Education 755 E Main St Lebanon, KY 40033	⊠State
Street Address:	755 E Main St	□Federal
City, State, Zip:	Lebanon, KY 40033	□Other:
DUNS#:		= other.
		Research and Development:
KDE Contact Information		Yes
Program Consultant:	Beth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	Z NO
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	Federal Cash Request
City, State Zip:	Frankfort, KY 40601	-
		Expenditure Reimbursement
Description/Fun Source of Award		⊠ Automatic Payment
Description:	2070 / 0.0000 / 1.000	Lump Sum
Federal Award Date:	N/A	Receipt of Invoice from Vendor
Fund Source:	State Funds	
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	□ Monthly
MUNIS Project Number:	18CL	□ Quarterly
MOA Number:	N/A	<b>⊠Other:</b> 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	
Grant Authority (Source):		Financial Reporting Method:
		☐ Electronic Submission CDIP
		☑Other: MUNIS project report to be <b>emailed</b> t
Award Amount:		Lea Lewis twice yearly: by January 25, 2025 &
\$ 105,916.00	Our	July 25, 2025.
Period of Award:	Our Commonwealth	
7/1/24-6/30/25	Commonwealth	Evaluations:
77 17 24 07 307 23		N/A
Consortia/Partnership Members:	N/A	
Consortiu, and the samp the made so		
Special Instructions/Conditions: D	istrict will submit request to carry over 18CL funds, along with anticipated use, to	OCTE no later than July 15, 2025.
Authorized By (Name, Title): Beth	Hargis, Associate Comm Date: 9/10/2024	

Authorized By (Name, Title): Beth Hargis, Associate Comm Office of Career & Technical Education

Name and Address of Recipient		Fund Type:
Agency Name:	Martin County Board of Education	⊠State
Street Address:	104 East Main St	□Federal
City, State, Zip:	Inez, KY 41224	□Other:
DUNS#:		
	Martin County Board of Education 104 East Main St Inez, KY 41224	Research and Development:
KDE Contact Information		Yes
Program Consultant:	Beth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	Federal Cash Request
City, State Zip:	Frankfort, KY 40601	Expenditure Reimbursement
		•
Description/Fun Source of Award		☑ Automatic Payment
Description:		Lump Sum
Federal Award Date:	N/A	Receipt of Invoice from Vendor
Fund Source:	State Funds	
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	■ Monthly
MUNIS Project Number:	18CL	□ Quarterly
MOA Number:	N/A	<b>⊠Other:</b> 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	
Grant Authority (Source):		Financial Reporting Method:
		□ Electronic Submission CDIP
		⊠Other: MUNIS project report to be <b>emailed</b> t
Award Amount:	011r	Lea Lewis twice yearly: by January 25, 2025 &
\$ 50,180.00	Oui	July 25, 2025.
Period of Award:	Our Commonwealth	, , ,
	COMMINIONWEATH	Evaluations:
7/1/24-6/30/25		N/A
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions: D	pistrict will submit request to carry over 18CL funds, along with anticipated use, to C	OCTE no later than July 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm

Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Mason County Board of Education	⊠State
Street Address:	34 E Second St	□Federal
City, State, Zip:	Maysville, KY 41056	□Other:
DUNS#:		
	Mason County Board of Education 34 E Second St Maysville, KY 41056	Research and Development:
KDE Contact Information		Yes
Program Consultant:	Beth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	Federal Cash Request
City, State Zip:	Frankfort, KY 40601	Expenditure Reimbursement
Description /From Source of Autord	and Fiscal Veges	Automatic Payment
<b>Description/Fun Source of Award</b> Description:	and Fiscal Year: 20% Facility Funds	□Lump Sum
Federal Award Date:	N/A	Receipt of Invoice from Vendor
Fund Source:	State Funds	Theceipt of invoice from vendor
CFDA#:	N/A	Poimburcoment Fraguency
	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN): MUNIS Project Number:	18CL	Monthly
MOA Number:	N/A	Quarterly
Pass-through Number:	N/A N/A	<b>Other:</b> 50% in 2 <sup>nd</sup> quarter with balance to be
Restricted Indirect Cost Rate:	N/A	paid in fourth quarter.
Grant Authority (Source):	N/A	
Grant Authority (Source).		Financial Reporting Method:
		Electronic Submission CDIP
Award Amount:		⊠Other: MUNIS project report to be <b>emailed</b> t
\$ 58,491.00	()111	Lea Lewis twice yearly: by January 25, 2025 &
7 00,00000		July 25, 2025.
Period of Award:	Our Commonwealth	
7/1/24-6/30/25	COMMITTORY CULTURE	Evaluations:
		N/A
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions:	District will submit request to carry over 18CL funds, along with anticipated use, to C	OCTE no later than July 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm

Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Mayfield Independent Board of Education 914 E College St Mayfield, KY 42066	⊠State
Street Address:	914 E College St	□Federal
City, State, Zip:	Mayfield, KY 42066	□Other:
DUNS#:		= other.
		Research and Development:
KDE Contact Information		Yes
Program Consultant:	Beth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	Z NO
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	Federal Cash Request
City, State Zip:	Frankfort, KY 40601	-
		Expenditure Reimbursement
Description/Fun Source of Award		⊠ Automatic Payment
Description:		Lump Sum
Federal Award Date:	N/A	Receipt of Invoice from Vendor
Fund Source:	State Funds	
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	□ Monthly
MUNIS Project Number:	18CL	Quarterly
MOA Number:	N/A	<b>⊠Other:</b> 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	
Grant Authority (Source):		Financial Reporting Method:
		☐ Electronic Submission CDIP
Award Amount:		☑Other: MUNIS project report to be <b>emailed</b> t
\$ 66,421.00	Our Commonwealth	Lea Lewis twice yearly: by January 25, 2025 &
3 00,421.00	Our	July 25, 2025.
Period of Award:	Commonwealth A	
7/1/24-6/30/25	Commonwealth	Evaluations:
		N/A
Consortia/Partnership Members:	N/A	
•		
Special Instructions/Conditions: D	District will submit request to carry over 18CL funds, along with anticipated use, to	OCTE no later than July 15, 2025.
Authorized By (Name, Title): Beth	Hargis, Associate Comm Date: 9/10/2024	

Authorized By (Name, Title): Beth Hargis, Associate Comm Office of Career & Technical Education

Name and Address of Recipient		Fund Type:
Agency Name:	Meade County Board of Education	⊠State
Street Address:	1155 Old Elkhorn Rd	□Federal
City, State, Zip:	Brandenburg, KY 40108	□Other:
DUNS#:	Brundenburg, KT 40100	□Ottler.
56.45		Decease and Development
KDE Contact Information	Meade County Board of Education 1155 Old Elkhorn Rd Brandenburg, KY 40108	Research and Development:
Program Consultant:	Beth Engle	
Street Address:	300 Sower Blvd, 5th Floor	⊠ No
Budget Contact:	Lea Lewis	
Street Address:	300 Sower Blvd, 5th Floor	Method of Payment
City, State Zip:	Frankfort, KY 40601	Federal Cash Request
		Expenditure Reimbursement
Description/Fun Source of Awar	rd and Fiscal Year: 20% Facility Funds	
Description:	20% Facility Funds	□Lump Sum
Federal Award Date:	N/A	☐ Receipt of Invoice from Vendor
Fund Source:	State Funds	
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	□Monthly
MUNIS Project Number:	18CL	Quarterly
MOA Number:	N/A	<b>Other:</b> 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	para moduli dancen
Grant Authority (Source):		Financial Reporting Method:
		Electronic Submission CDIP
		☑Other: MUNIS project report to be emailed t
Award Amount:		Lea Lewis twice yearly: by January 25, 2025 &
\$ 97,920.00	Our Dur	July 25, 2025.
	Company of 14h	July 23, 2023.
Period of Award:	Our Commonwealth	Evaluations:
7/1/24-6/30/25		N/A
		NA
Consortia/Partnership Member	rs: N/A	
Special Instructions/Conditions	: District will submit request to carry over 18CL funds, along with anticipated use, to	o OCTE no later than July 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm

Date: 9/10/2024

Name and Address of Recipie	ent	Fund Type:
Agency Name:	Mercer County Board of Education	⊠State
Street Address:	371 E Lexington St	□Federal
City, State, Zip:	Harrodsburg, KY 40330	□Other:
DUNS#:		
	Mercer County Board of Education 371 E Lexington St Harrodsburg, KY 40330	Research and Development:
KDE Contact Information		□ Yes
Program Consultant:	Beth Engle	⊠No
Street Address:	300 Sower Blvd, 5th Floor	
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	☐ Federal Cash Request
City, State Zip:	Frankfort, KY 40601	□ Expenditure Reimbursement
Description/Fun Source of Aw	ward and Fiscal Vear	
Description:	vard and Fiscal Year: 20% Facility Funds	□Lump Sum
Federal Award Date:	N/A	□ Receipt of Invoice from Vendor
Fund Source:	State Funds	
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	□Monthly
MUNIS Project Number:	18CL	Quarterly
MOA Number:	N/A	Other: 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	para in routen quarter.
Grant Authority (Source):		Financial Reporting Method:
		Electronic Submission CDIP
		☑Other: MUNIS project report to be <b>emailed</b> t
Award Amount:	Oug	Lea Lewis twice yearly: by January 25, 2025 &
\$ 83,046.00	Our	July 25, 2025.
5 . 1	Our Commonwea	14L
Period of Award:	Commonwea	Evaluations:
7/1/24-6/30/25		N/A
Consortia/Partnership Memb	pers: N/A	
Special Instructions/Condition	ns: District will submit request to carry over 18CL funds, along wi	th anticipated use, to OCTE no later than July 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm

Date: 9/10/2024

Name and Address of Desiriant		Found Towns
Name and Address of Recipient Agency Name:	Monroe County Board of Education	Fund Type:
Street Address:	309 Emberton St	
City, State, Zip:	Tompkinsville, KY 42167	Federal
DUNS#:	Monroe County Board of Education 309 Emberton St Tompkinsville, KY 42167	☐Other:
DONS#.		
KDE Contact Information		Research and Development:
Program Consultant:	Beth Engle	Yes
Street Address:	300 Sower Blvd, 5th Floor	⊠ No
Budget Contact:	Lea Lewis	
Street Address:	300 Sower Blvd, 5th Floor	Method of Payment
City, State Zip:	Frankfort, KY 40601	Federal Cash Request
/ A		Expenditure Reimbursement
<b>Description/Fun Source of Award</b>	and Fiscal Year: 20% Facility Funds	
Description:	20% Facility Funds	□Lump Sum
Federal Award Date:	N/A	☐Receipt of Invoice from Vendor
Fund Source:	State Funds	
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	□Monthly
MUNIS Project Number:	18CL	Quarterly
MOA Number:	N/A	<b>⊠Other:</b> 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	
Grant Authority (Source):		Financial Reporting Method:
		□ Electronic Submission CDIP
		☑Other: MUNIS project report to be <b>emailed</b> t
Award Amount:	O11#	Lea Lewis twice yearly: by January 25, 2025 &
\$ 60,950.00	Oui	July 25, 2025.
Period of Award:	Our Commonwealth	
7/1/24-6/30/25	Commonwealth	Evaluations:
771724 0/30/23		N/A
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions:	District will submit request to carry over 18CL funds, along with anticipated use, to C	OCTE no later than July 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Montgomery County Board of Education	⊠State
Street Address:	640 Woodford Dr	□Federal
City, State, Zip:	Mt Sterling, KY 40353	□Other:
DUNS#:		
	Montgomery County Board of Education 640 Woodford Dr Mt Sterling, KY 40353	Research and Development:
KDE Contact Information		☐ Yes
Program Consultant:	Beth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	☐ Federal Cash Request
City, State Zip:	Frankfort, KY 40601	Expenditure Reimbursement
Description/Fun Source of Award	and Fiscal Voors	Automatic Payment
Description:	and Fiscal Year: 20% Facility Funds	□Lump Sum
Federal Award Date:	N/A	Receipt of Invoice from Vendor
Fund Source:	State Funds	The colpt of invoice from vendor
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	☐ Monthly
MUNIS Project Number:	18CL	Quarterly
MOA Number:	N/A	Other: 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	paid in fourth quarter.
Grant Authority (Source):		Financial Reporting Method:
		Electronic Submission CDIP
Award Amount:	Out	Other: MUNIS project report to be <b>emailed</b> to
\$ 53,176.00	Our Commonwealth	Lea Lewis twice yearly: by January 25, 2025 &
	C 1/1	July 25, 2025.
Period of Award:	<b>Commonwealth</b>	Evaluations:
7/1/24-6/30/25		N/A
		N/A
Consortia/Partnership Members:	N/A	
		7
Special Instructions/Conditions: D	istrict will submit request to carry over 18CL funds, along with anticipated use, to C	OCTE no later than July 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm

Date: 9/10/2024

Name and Address of Recipient	Fund Type:
Agency Name: Morgan County Board of Education	⊠State
Street Address: 155 University Dr	□Federal
City, State, Zip: West Liberty, KY 41472	Other:
DUNS#:	
Agency Name: Street Address: City, State, Zip: DUNS#:  Morgan County Board of Education 155 University Dr West Liberty, KY 41472  West Liberty, KY 41472	Research and Development:
KDE Contact Information	Yes
Program Consultant: Beth Engle	⊠ No
Street Address: 300 Sower Blvd, 5th Floor	
Budget Contact: Lea Lewis	Method of Payment
Street Address: 300 Sower Blvd, 5th Floor	☐ Federal Cash Request
CIV. STATE ZID: FLAUKTOTT, KY 4000 I	☐ Expenditure Reimbursement
	□ Lump Sum
2000.101.01	Receipt of Invoice from Vendor
Fund Source: State Funds	Receipt of invoice from vehicor
	Poimbursoment Fraguency
	Reimbursement Frequency:
	Monthly
	Quarterly
	<b>Other:</b> 50% in 2 <sup>nd</sup> quarter with balance to be
Restricted Indirect Cost Rate: N/A	<mark>paid in fourth qu</mark> arter.
	Financial Reporting Method:
	Electronic Submission CDIP
Award Amount:	$\boxtimes$ Other: MUNIS project report to be <b>emailed</b> t
\$ 49,411.00	Lea Lewis twice yearly: by January 25, 2025 &
	uly 25, 2025.
Award Amount: \$ 49,411.00  Period of Award:  The last state of the	
//1/24-6/30/25	Evaluations:
	N/A
Consortia/Partnership Members: N/A	
Special Instructions/Conditions: District will submit request to carry over 18CL funds, along with anticipated use, to OC	CTE no later than July 15. 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm

Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Murray Independent Board of Education	⊠State
Street Address:	208 S 13th St	□Federal
City, State, Zip:	Murray, KY 42071	□Other:
DUNS#:		
	Murray Independent Board of Education 208 S 13th St Murray, KY 42071	Research and Development:
KDE Contact Information		Yes
Program Consultant:	Beth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	Federal Cash Request
City, State Zip:	Frankfort, KY 40601	Expenditure Reimbursement
5 · · · · · · · · · · · · · · · · · · ·	Je v 01 11 1	✓ Automatic Payment
Description/Fun Source of Award		•
Description:		Lump Sum
Federal Award Date:	N/A	Receipt of Invoice from Vendor
Fund Source:	State Funds	
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	Monthly
MUNIS Project Number:	18CL	Quarterly
MOA Number:	N/A	<b>⊠Other:</b> 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	
Grant Authority (Source):		Financial Reporting Method:
		☐ Electronic Submission CDIP
Amand Amanda		☑Other: MUNIS project report to be <b>emailed</b> t
Award Amount:	011r	Lea Lewis twice yearly: by January 25, 2025 &
\$ 92,280.00	Our	July 25, 2025.
Period of Award:	Our Commonwealth	
7/1/24-6/30/25	Commonwealth	Evaluations:
771724 0/30/23		N/A
Consortia/Partnership Members:	N/A	
		0.55
Special instructions/Conditions: L	District will submit request to carry over 18CL funds, along with anticipated use, to C	UCTE no later than July 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Ohio County Board of Education	⊠State
Street Address:	315 E Union St	□Federal
City, State, Zip:	Hartford, KY 42347	□Other:
DUNS#:		
	Ohio County Board of Education 315 E Union St Hartford, KY 42347	Research and Development:
KDE Contact Information		Yes
Program Consultant:	Beth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	2 110
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	Federal Cash Request
City, State Zip:	Frankfort, KY 40601	Expenditure Reimbursement
	- W 01 11 1	
Description/Fun Source of Award		Automatic Payment
Description:		Lump Sum
Federal Award Date:	N/A	Receipt of Invoice from Vendor
Fund Source:	State Funds	
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	Monthly
MUNIS Project Number:	18CL	Quarterly
MOA Number:	N/A	<b>⊠Other:</b> 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	
Grant Authority (Source):		Financial Reporting Method:
		☐ Electronic Submission CDIP
Award Amount:		☑Other: MUNIS project report to be emailed t
\$ 73,793.00	()11r	Lea Lewis twice yearly: by January 25, 2025 &
\$ 73,793.00	Our	July 25, 2025.
Period of Award:	Our Commonwealth	
7/1/24-6/30/25	Committee	<b>Evaluations:</b>
		N/A
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions:	District will submit request to carry over 18CL funds, along with anticipated use, to C	OCTE no later than July 15, 2025
special instructions; D	istrict will submit request to turry over 1oct Junus, along with anticipated use, to C	octe no luter than July 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm

Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Paducah Independent Board of Education	⊠State
Street Address:	800 Caldwell St	□Federal
City, State, Zip:	Paducah, KY 42003	□Other:
DUNS#:		
WD5.0	Paducah Independent Board of Education 800 Caldwell St Paducah, KY 42003	Research and Development:
KDE Contact Information		Yes
Program Consultant:	Beth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	☐ Federal Cash Request
City, State Zip:	Frankfort, KY 40601	☐ Expenditure Reimbursement
Description/Fun Source of Award	and Fiscal Years	✓ Automatic Payment
Description:	and Fiscal Year: 20% Facility Funds	□Lump Sum
Federal Award Date:	N/A	Receipt of Invoice from Vendor
Fund Source:	State Funds	Zineselpt of invoice iroin venue.
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	□Monthly
MUNIS Project Number:	18CL	Quarterly
MOA Number:	N/A	Other: 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	paid in fourth quarter.
Grant Authority (Source):		Financial Reporting Method:
· \		Electronic Submission CDIP
		☑Other: MUNIS project report to be emailed t
Award Amount:	044	
\$ 63,100.00	Our A	Lea Lewis twice yearly: by January 25, 2025 & July 25, 2025.
	Our Commonwealth	July 23, 2023.
Period of Award:	Commonwealth A	Evaluations:
7/1/24-6/30/25		N/A
		N/A
0 /0	N/A	
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions:	District will submit request to carry over 18CL funds, along with anticipated use, to C	OCTE no later than July 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm

Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Pike County Board of Education	⊠State
Street Address:	316 S Mayo Tr	□ Federal
City, State, Zip: DUNS#:	Pike County Board of Education 316 S Mayo Tr Pikeville, KY 41501	Other:
KDE Contact Information		Research and Development:
Program Consultant:	Beth Engle	Yes
Street Address:	300 Sower Blvd, 5th Floor	⊠ No
	Lea Lewis	
Budget Contact: Street Address:	300 Sower Blvd, 5th Floor	Method of Payment
	Frankfort, KY 40601	☐ Federal Cash Request
City, State Zip:	Fidikioit, KY 40001	☐ Expenditure Reimbursement
<b>Description/Fun Source of Award</b>	and Fiscal Year:	⊠ Automatic Payment
Description:	and Fiscal Year: 20% Facility Funds	Lump Sum
Federal Award Date:	N/A	Receipt of Invoice from Vendor
Fund Source:	State Funds	( in the second
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	Monthly
MUNIS Project Number:	18CL	Quarterly
MOA Number:	N/A	<b>State 1.7</b>
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	
Grant Authority (Source):		Financial Reporting Method:  □ Electronic Submission CDIP
Award Amount:		☑Other: MUNIS project report to be <b>emailed</b> to
\$ 120,007.00		Lea Lewis twice yearly: by January 25, 2025 &
	1/1	July 25, 2025.
Period of Award:	Our Commonwealth	F live street
7/1/24-6/30/25		Evaluations: N/A

Consortia/Partnership Members: Belfry \$56,883.00/Millard \$63,124.00

Special Instructions/Conditions: District will submit request to carry over 18CL funds, along with anticipated use, to OCTE no later than July 15, 2025.

Date: 9/10/2024

Authorized By (Name, Title): Beth Hargis, Associate Comm

Name and Address of Recipient		Fund Type:
Agency Name:	Pulaski County Board of Education	⊠State
Street Address:	501 E University Dr	□Federal
City, State, Zip:	Somerset, KY 42502	□Other:
DUNS#:		
	Pulaski County Board of Education 501 E University Dr Somerset, KY 42502	Research and Development:
KDE Contact Information		Yes
Program Consultant:	Beth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	☐ Federal Cash Request
City, State Zip:	Frankfort, KY 40601	Expenditure Reimbursement
Description / Tun Saures of August	and Figgs Veget 1 - 1 - 1	Automatic Payment
Description/Fun Source of Award	and Fiscal Year: 20% Facility Funds	□Lump Sum
Description: Federal Award Date:	N/A	Receipt of Invoice from Vendor
Fund Source:	State Funds	Theceipt of invoice from vendor
CFDA#:	N/A	Paimhursomant Fraguency
PR/AWARD NUMBER (FAIN):	N/A	Reimbursement Frequency:  Monthly
MUNIS Project Number:	18CL	Quarterly
MOA Number:	N/A	
Pass-through Number:	N/A	<b>Other:</b> 50% in 2 <sup>nd</sup> quarter with balance to be
Restricted Indirect Cost Rate:	N/A	paid in fourth quarter.
Grant Authority (Source):	N/A	
Grant Authority (Source).		Financial Reporting Method:
		□ Electronic Submission CDIP
Award Amount:		☑Other: MUNIS project report to be <b>emailed</b> t
\$ 67,042.00	<b>Uur</b>	Lea Lewis twice yearly: by January 25, 2025 &
	1/1	July 25, 2025.
Period of Award:	Our Commonwealth	/
7/1/24-6/30/25		Evaluations:
		N/A
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions:	istrict will submit request to carry over 18CL funds, along with anticipated use, to C	OCTE no later than July 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm Date: 9/10/2024

Name and Address of Recipient Fund Type:   Agency Name: Rockcastle County Board of Education State   Street Address: 245 Richmond St □ Federal   City, State, Zip: Mt Vernon, KY 40456 □ Other:   DUNS#: KDE Contact Information   Program Consultant: Beth Engle Yes   Street Address: 300 Sower Blvd, 5th Floor No   Street Address: 300 Sower Blvd, 5th Floor Method of Payment   Street Address: 300 Sower Blvd, 5th Floor □ Federal Cash Request   City, State Zip: Frankfort, KY 40601 □ Expenditure Reimbursement   Description/Fun Source of Award and Fiscal Year: □ Automatic Payment   Description: 20% Facility Funds □ Lump Sum			71
Program Consultant:  Street Address:  Budget Contact:  Lea Lewis  Street Address:  300 Sower Blvd, 5th Floor  Street Address:  City, State Zip:  Trankfort, KY 40601   Description/Fun Source of Award and Fiscal Year:  No  Method of Payment  □ Federal Cash Request  □ Expenditure Reimbursement  □ Automatic Payment	Agency Name:	Rockcastle County Board of Education	⊠State
Program Consultant:  Street Address:  Budget Contact:  Lea Lewis  Street Address:  300 Sower Blvd, 5th Floor  Street Address:  City, State Zip:  Trankfort, KY 40601   Description/Fun Source of Award and Fiscal Year:  No  Method of Payment  □ Federal Cash Request  □ Expenditure Reimbursement  □ Automatic Payment	= -	245 Richmond St	□Federal
Program Consultant:  Street Address:  Budget Contact:  Lea Lewis  Street Address:  300 Sower Blvd, 5th Floor  Street Address:  City, State Zip:  Trankfort, KY 40601   Description/Fun Source of Award and Fiscal Year:  No  Method of Payment  □ Federal Cash Request  □ Expenditure Reimbursement  □ Automatic Payment	City, State, Zip:	Mt Vernon, KY 40456	□Other:
Program Consultant:  Street Address:  Budget Contact:  Lea Lewis  Street Address:  300 Sower Blvd, 5th Floor  Street Address:  City, State Zip:  Trankfort, KY 40601   Description/Fun Source of Award and Fiscal Year:  No  Method of Payment  □ Federal Cash Request  □ Expenditure Reimbursement  □ Automatic Payment	DUNS#:		
Program Consultant:  Street Address:  Budget Contact:  Lea Lewis  Street Address:  300 Sower Blvd, 5th Floor  Street Address:  City, State Zip:  Trankfort, KY 40601   Description/Fun Source of Award and Fiscal Year:  No  Method of Payment  □ Federal Cash Request  □ Expenditure Reimbursement  □ Automatic Payment		Ca	Research and Development:
Street Address:  Budget Contact:  Street Address:  Street Address:  City, State Zip:  Description/Fun Source of Award and Fiscal Year:  300 Sower Blvd, 5th Floor  Frankfort, KY 40601  Method of Payment  □ Federal Cash Request  □ Expenditure Reimbursement  □ Automatic Payment			Yes
Budget Contact:  Street Address: City, State Zip:  Description/Fun Source of Award and Fiscal Year:  Lea Lewis  300 Sower Blvd, 5th Floor □ Frankfort, KY 40601 □ Expenditure Reimbursement □ Automatic Payment	_		⊠ No
Street Address: City, State Zip:  Street Address:  City, State Zip:  Street Address:  Frankfort, KY 40601  Description/Fun Source of Award and Fiscal Year:  Method of Payment  □ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment			
City, State Zip:    Federal Cash Request   Expenditure Reimbursement			Method of Payment
Description/Fun Source of Award and Fiscal Year:			-
Description/Fun Source of Award and Fiscal Year:	City, State Zip:	Frankfort, KY 40601	The state of the s
	Description/Eur Source of Award	and Fiscal Vegy	
			·
Federal Award Date: N/A Receipt of Invoice from Vendor	•		
Fund Source: State Funds			Receipt of invoice from vendor
CFDA#: N/A Reimbursement Frequency:			Poimbursoment Frequency
PR/AWARD NUMBER (FAIN): N/A			
	• •		
	-		•
Paris I all a land			<b>Other:</b> 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number: N/A  Restricted Indirect Cost Rate: N/A  N/A  Paid in fourth quarter.			paid in fourth quarter.
		N/A	
Thursday reporting meaning	Grant Additiontly (Source).		_
□ Electronic Submission CDIP			
Award Amount:	Award Amount:		☑Other: MUNIS project report to be <b>emailed</b> to
\$ 72,648.00 Lea Lewis twice yearly: by January 25, 2025 &	\$ 72,648.00	<b>Uur</b>	Lea Lewis twice yearly: by January 25, 2025 &
Award Amount: \$ 72,648.00  Lea Lewis twice yearly: by January 25, 2025 & July 25, 2025.  Period of Award:  The last section of		1/1	July 25, 2025.
Period of Award:		Commonwealth A	
//1/24-6/30/25	7/1/24-6/30/25		
N/A			N/A
Consortia/Partnership Members: N/A	Consortia/Partnership Members:	N/A	
Special Instructions/Conditions: District will submit request to carry over 18CL funds, along with anticipated use, to OCTE no later than July 15, 2025.	Special Instructions/Conditions: [	sistrict will submit request to carry over 18CL funds, along with anticipated use, to C	OCTE no later than July 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm

Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Russell County Board of Education	⊠State
Street Address:	404 S Main St	□Federal
City, State, Zip:	Jamestown, KY 42629	□Other:
DUNS#:		
	Russell County Board of Education 404 S Main St Jamestown, KY 42629	Research and Development:
KDE Contact Information		Yes
Program Consultant:	Béth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	☐ Federal Cash Request
City, State Zip:	Frankfort, KY 40601	Expenditure Reimbursement
Description /From Service of Automation	and Finel Veet 1	✓ Automatic Payment
Description/Fun Source of Award	and Fiscal Year: 20% Facility Funds	Lump Sum
Description: Federal Award Date:	N/A	•
Fund Source:	State Funds	Receipt of Invoice from Vendor
		Daine by the second of the sec
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	Monthly
MUNIS Project Number:	18CL	Quarterly
MOA Number:	N/A	
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	
Grant Authority (Source):		Financial Reporting Method:
		☐ Electronic Submission CDIP
Award Amount:		☑Other: MUNIS project report to be <b>emailed</b> t
\$ 75,252.00	()11r	Lea Lewis twice yearly: by January 25, 2025 &
\$ 75,252.00	Our	July 25, 2025.
Period of Award:	Our Commonwealth	
7/1/24-6/30/25	Commonwealth	Evaluations:
		N/A
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions:	District will submit request to carry over 18CL funds, along with anticipated use, to C	OCTE no later than July 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm

Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Russell Independent Board of Education	⊠State
Street Address:	409 Belfont St	□Federal
City, State, Zip:	Russell, KY 41169	□Other:
DUNS#:		
	Russell Independent Board of Education 409 Belfont St Russell, KY 41169	Research and Development:
KDE Contact Information		Yes
Program Consultant:	Beth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	Federal Cash Request
City, State Zip:	Frankfort, KY 40601	Expenditure Reimbursement
Description /From Service of Assert	and Finel Vegy (1 1 1	✓ Automatic Payment
Description/Fun Source of Award	d and Fiscal Year: 20% Facility Funds	Lump Sum
Description: Federal Award Date:	N/A	•
Fund Source:	State Funds	Receipt of Invoice from Vendor
		Daine la constant de
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	Monthly
MUNIS Project Number:	18CL	Quarterly
MOA Number:	N/A	<b>Other:</b> 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	
Grant Authority (Source):		Financial Reporting Method:
		☐ Electronic Submission CDIP
Award Amount:		☑Other: MUNIS project report to be emailed t
\$ 62,467.00	()11r	Lea Lewis twice yearly: by January 25, 2025 &
3 02,407.00	Our	July 25, 2025.
Period of Award:	Our Commonwealth	
7/1/24-6/30/25	Committee	Evaluations:
., _, _,		N/A
Consortia/Partnership Members	: N/A	
Special Instructions/Conditions:	District will submit request to carry over 18CL funds, along with anticipated use, to	OCTE no later than July 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm

Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Shelby County Board of Education	⊠State
Street Address:	1155 W Main St	□Federal
City, State, Zip:	Shelbyville, KY 40066	□Other:
DUNS#:		
	Shelby County Board of Education 1155 W Main St Shelbyville, KY 40066	Research and Development:
KDE Contact Information		Yes
Program Consultant:	Beth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	☐ Federal Cash Request
City, State Zip:	Frankfort, KY 40601	Expenditure Reimbursement
		•
Description/Fun Source of Awar		⊠ Automatic Payment
Description:		Lump Sum
Federal Award Date:	N/A	Receipt of Invoice from Vendor
Fund Source:	State Funds	
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	□ Monthly
MUNIS Project Number:	18CL	□ Quarterly
MOA Number:	N/A	Other: 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	
Grant Authority (Source):		Financial Reporting Method:
		☐ Electronic Submission CDIP
		☑Other: MUNIS project report to be <b>emailed</b> t
Award Amount:	0110	Lea Lewis twice yearly: by January 25, 2025 &
\$ 79,635.00	Our	July 25, 2025.
Period of Award:	Our Commonwealth	, ,
7/1/24-6/30/25	Commonwealth	Evaluations:
7/1/24-0/30/23		N/A
Consortia/Partnership Member	rs: N/A	
Special Instructions/Conditions	: District will submit request to carry over 18CL funds, along with anticipated use, to	OCTE no later than July 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm

Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Warren County Board of Education	⊠ State
Street Address:	303 Lover's Ln	□Federal
City, State, Zip:	Bowling Green, KY 42102	□Other:
DUNS#:		Doner.
	Warren County Board of Education 303 Lover's Ln Bowling Green, KY 42102	Research and Development:
KDE Contact Information		Yes
Program Consultant:	Beth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	Z NO
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	-
City, State Zip:	Frankfort, KY 40601	Federal Cash Request
		Expenditure Reimbursement
Description/Fun Source of Award		⊠ Automatic Payment
Description:		Lump Sum
Federal Award Date:	N/A	Receipt of Invoice from Vendor
Fund Source:	State Funds	
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	☐ Monthly
MUNIS Project Number:	18CL	□ Quarterly
MOA Number:	N/A	<b>⊠Other:</b> 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	
Grant Authority (Source):		Financial Reporting Method:
		☐ Electronic Submission CDIP
Award Amount:		☑Other: MUNIS project report to be <b>emailed</b> t
	()11r	Lea Lewis twice yearly: by January 25, 2025 &
\$ 56,353.00	Oui	July 25, 2025.
Period of Award:	Our Commonwealth	
7/1/24-6/30/25	Commonwealth	<b>Evaluations:</b>
7, 1, 2 : 0, 30, 23		N/A
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions: L	District will submit request to carry over 18CL funds, along with anticipated use, to 0	OCTE no later than July 15, 2025.

Authorized By (Name, Title): Beth Hargis, Associate Comm Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Wayne County Board of Education	⊠State
Street Address:	1025 S Main St	□Federal
City, State, Zip:	Monticello, KY 42633	□Other:
DUNS#:		= other:
KDE Contact Information	Wayne County Board of Education 1025 S Main St Monticello, KY 42633	Research and Development:
Program Consultant:	Beth Engle	Yes
Street Address:	300 Sower Blvd, 5th Floor	⊠ No
Budget Contact:	Lea Lewis	
Street Address:	300 Sower Blvd, 5th Floor	Method of Payment
City, State Zip:	Frankfort, KY 40601	☐ Federal Cash Request
A		Expenditure Reimbursement
<b>Description/Fun Source of Award</b>	and Fiscal Year: 20% Facility Funds	
Description:	20% Facility Funds	□Lump Sum
Federal Award Date:	N/A	☐ Receipt of Invoice from Vendor
Fund Source:	State Funds	
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	□Monthly
MUNIS Project Number:	18CL	Quarterly
MOA Number:	N/A	☑Other: 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	
Grant Authority (Source):		Financial Reporting Method:
		□ Electronic Submission CDIP
		☑Other: MUNIS project report to be <b>emailed</b> t
Award Amount:		Lea Lewis twice yearly: by January 25, 2025 &
\$ 80,509.00	Our Commonwealth	July 25, 2025.
	Commonwoolth	July 23, 2023.
Period of Award:	Commonwealth	Evaluations:
7/1/24-6/30/25		N/A
Consortia/Partnership Members:	N/A	
Special Instructions/Conditions	District will submit request to carry over 18CL funds, along with anticipated use, to C	OCTE no later than July 15, 2025
speciai mstructions/conditions.	nstrict win sugaint request to turry over foct junus, along with unticipated use, to t	JCTE NO IGLET CHAN JULY 13, 2023.

Authorized By (Name, Title): Beth Hargis, Associate Comm Date: 9/10/2024

Name and Address of Recipient		Fund Type:
Agency Name:	Webster County Board of Education 28 State Rt 1340 Dixon, KY 42409	⊠State
Street Address:	28 State Rt 1340	□Federal
City, State, Zip:	Dixon, KY 42409	□Other:
DUNS#:	Jopan Un	= other.
		Research and Development:
KDE Contact Information		Yes
Program Consultant:	Beth Engle	⊠ No
Street Address:	300 Sower Blvd, 5th Floor	Z 110
Budget Contact:	Lea Lewis	Method of Payment
Street Address:	300 Sower Blvd, 5th Floor	
City, State Zip:	Frankfort, KY 40601	Federal Cash Request
		Expenditure Reimbursement
Description/Fun Source of Award		⊠ Automatic Payment
Description:	2070 1 201111 1 201120	Lump Sum
Federal Award Date:	N/A	Receipt of Invoice from Vendor
Fund Source:	State Funds	
CFDA#:	N/A	Reimbursement Frequency:
PR/AWARD NUMBER (FAIN):	N/A	□ Monthly
MUNIS Project Number:	18CL	Quarterly
MOA Number:	N/A	☑Other: 50% in 2 <sup>nd</sup> quarter with balance to be
Pass-through Number:	N/A	paid in fourth quarter.
Restricted Indirect Cost Rate:	N/A	
Grant Authority (Source):		Financial Reporting Method:
		☐ Electronic Submission CDIP
A		☑Other: MUNIS project report to be emailed t
Award Amount:	011r	Lea Lewis twice yearly: by January 25, 2025 &
\$ 51,350.00	Our	July 25, 2025.
Period of Award:	Our Commonwealth	
7/1/24-6/30/25	Commonwealth	Evaluations:
77 17 24 07 307 23		N/A
Consortia/Partnership Members: N/A		
Special Instructions/Conditions: District will submit request to carry over 18CL funds, along with anticipated use, to OCTE no later than July 15, 2025.		
Authorized By (Name, Title): Beth Hargis, Associate Comm Date: 9/10/2024		

Office of Career & Technical Education