Name and Address of Recipier	nt	Fund Type:
Agency Name:	Adair County Board of Education	⊠State
Street Address:	1204 Greensburg St	□Federal
City, State, Zip:	Columbia, KY 42728	□Other:
KDE Contact Information	Adair County Board of Education 1204 Greensburg St Columbia, KY 42728  Jim Tackett 502/564-5279 x4446	4118-
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	
Street Address:	300 Sower Blvd	method of a dyment
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	☐ Federal Cash Request
Street Address:	300 Sower Blvd	
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
, , , , , , , , , , , , , , , , , , ,		□Lump Sum
<b>Description/Fund Source of Av</b>	ward and Fiscal Year:	Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	□Monthly
MUNIS Project Number:	13JL	
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$4000		
Award Amount: \$4000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
, ,	Our	
Consortia/Partnership Membe	ers: N/A	
	Commonwe	olth Alle
Authorized By (Name, Title): 1	Teri Mason, Budget Branch	<b>Date:</b> April 22, 2025
	Division of Budget & Financial Management	
	Educat	
	- Growe	

Name and Address of Recipient		Fund Type:
Agency Name:	Allen County Board of Education	⊠State
Street Address:	570 Oliver St	□Federal
City, State, Zip:	Scottsville, KY 42164	□Other:
KDE Contact Information	Allen County Board of Education 570 Oliver St Scottsville, KY 42164  Jim Tackett 502/564-5279 x4446	41/8
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	
Street Address:	300 Sower Blvd	Method of Payment
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	☐ Federal Cash Request
Street Address:	300 Sower Blvd	
City, State Zip:	Frankfort, KY 40601	☐Automatic Payment
city, State Zip.	Transfer, KI 40001	□Lump Sum
<b>Description/Fund Source of Awa</b>	ard and Fiscal Year:	☐ Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	□Monthly
MUNIS Project Number:	13JL	⊠Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$4000		
Awara Amount: \$4000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our	
Consortia/Partnership Member	s: N/A	
	Commonwe	alth American
Authorized By (Name, Title): Te	eri Mason, Budget Branch	<b>Pate:</b> April 22, 2025
Di	vision of Budget & Financial Management	
	Educati	

Name and Address of Recipient		Fund Type:
Agency Name:	Anchorage Independent Board of Education	⊠State
Street Address:	11400 Ridge Rd	□Federal
City, State, Zip:	Anchorage Independent Board of Education 11400 Ridge Rd Anchorage, KY 40223  Jim Tackett 502/564-5279 x4446	☐Other:
KDE Contact Information		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	Expenditure Reimbursement
Street Address:	300 Sower Blvd	
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
	GY UUT	Lump Sum
<b>Description/Fund Source of Award</b>		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	<b>☑Quarterly</b>
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$2000		
Award Amount: \$2000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
July 1, 2024 Julie 30, 2023	Our	
Consortia/Partnership Members:	N/A	
Consortia, raithership Weinbers.	Commonwoolth	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
	sion of Budget & Financial Management	
Divis	non or budget & i mancial wanagement	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Anderson County Board of Education	⊠State
Street Address:	1160 By-pass North	□Federal
City, State, Zip:	Anderson County Board of Education 1160 By-pass North Lawrenceburg, KY 40342  Jim Tackett 502/564-5279 x4446	$\square$ Other:
KDE Contact Information		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	·
	Grand Our	Lump Sum
Description/Fund Source of Awar		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	Monthly
MUNIS Project Number:	13JL	□ Quarterly
Master Agreement Number:	N/A	Other:
Guard Anthanita (Garres)		
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$2000		
Awara Amount. 92000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
, , , , , , , , , , , , , , , , , , , ,	Our	
Consortia/Partnership Members:	N/A	
,	Commonwealth	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
	sion of Budget & Financial Management	
2.0	Son of Budget & Financial Internation	
	Education	
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Name and Address of Recipient		Fund Type:
Agency Name:	Ashland Independent Board of Education	⊠State
Street Address:	1820 Hickman St	□Federal
City, State, Zip:	Ashland, KY 41101	□Other:
KDE Contact Information	Ashland Independent Board of Education 1820 Hickman St Ashland, KY 41101  Jim Tackett 502/564-5279 x4446	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	·
	GY OUT	□Lump Sum
Description/Fund Source of Awar		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	Monthly
MUNIS Project Number:	13JL	<b>☑Quarterly</b>
Master Agreement Number:	N/A	Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$12000		
Award Amount: \$12000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
34., 2, 232 : 34 33, 2323	Our A	
Consortia/Partnership Members:	N/Δ	
consortia, rai thersing internsers.	Commonwoolth	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
	sion of Budget & Financial Management	
5101.	Son of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Augusta Independent Board of Education	⊠State
Street Address:	307 Bracken St	□Federal
City, State, Zip:	Augusta Independent Board of Education 307 Bracken St Augusta, KY 41002  Jim Tackett 502/564-5279 x4446	□Other:
KDE Contact Information		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	·
	GY UUT	Lump Sum
Description/Fund Source of Awa		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	<b>☑</b> Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$8000		
Award Amount. \$8000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
July 1, 2024 Julie 30, 2023	$\bigcap$	
Consortia/Partnership Members	· N/A	
Consortia, raithership iviembers	Commonsycoalth	
Authorized By (Name, Title): Ter	i Mason, Budget Branch Date: April 22, 2025	
	ision of Budget & Financial Management	
Div	ision of budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Barbourville Independent Board of Education	⊠State
Street Address:	140 School St	□Federal
City, State, Zip:	Barbourville Independent Board of Education 140 School St Barbourville, KY 40906  Jim Tackett 502/564-5279 x4446	□Other:
KDE Contact Information	18	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	⊠Expenditure Reimbursement
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	□ Lump Sum
- · · · /- · · ·		
Description/Fund Source of Awa		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	Dei-phonomy to Francisco
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	Monthly
MUNIS Project Number:	13JL	⊠Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		
24 RS HB 1		Financial Reporting Method:
24 N3 HB 1		
		Other:
Award Amount: \$8000		
		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our	
Consortia/Partnership Members	s: N/A	
•	Commonwealth A	
Authorized By (Name, Title): Te	ri Mason, Budget Branch Date: April 22, 202	5
	vision of Budget & Financial Management	
	Education	
	- Tul Car	

Name and Address of Recipient		Fund Type:
Agency Name:	Bardstown Independent Board of Education	⊠State
Street Address:	308 N Fifth Street	□Federal
City, State, Zip:	Bardstown Independent Board of Education 308 N Fifth Street Bardstown, KY 40004  Jim Tackett 502/564-5279 x4446	☐Other:
<b>KDE Contact Information</b>		
Program Consultant: Phone #		Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	Lump Sum
	(S) Our	
Description/Fund Source of Award		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	Monthly
MUNIS Project Number:	13JL	Quarterly
Master Agreement Number:	N/A	Other:
Cront Authority (Source)		
Grant Authority (Source): 24 RS HB 1		Financial Reporting Method:
24 K3 HB 1		
		□Other:
Award Amount: \$16000		
7.110 a 7 a 110 a 110 a 1		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
, ,	Our	
Consortia/Partnership Members:	N/A	
	Commonwealth	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
	sion of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Barren County Board of Education	⊠State
Street Address:	600 Trojan Way	□Federal
City, State, Zip:	Glasgow, KY 42141	□Other:
KDE Contact Information	Barren County Board of Education 600 Trojan Way Glasgow, KY 42141 Jim Tackett 502/564-5279 x4446	4/8
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	
Street Address:	300 Sower Blvd	Method of Payment
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	☐ Federal Cash Request
Street Address:	300 Sower Blvd	
City, State Zip:		☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	□Lump Sum
<b>Description/Fund Source of Awa</b>	ard and Fiscal Year:	Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	□Monthly
MUNIS Project Number:	13JL	<b>⊠</b> Quarterly
Master Agreement Number:	N/A	□ Other:
_		
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		<b>区</b> Electronic Submission CDIP
		□Other:
Award Amount: \$28000		
γ		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our	
Consortia/Partnership Members	s: N/A	
	Commonwe	olth American
Authorized By (Name, Title): Te	ri Mason, Budget Branch	ate: April 22, 2025
Di	vision of Budget & Financial Management	
	Educati	

Name and Address of Recipient		Fund Type:
Agency Name:	Bath County Board of Education	⊠State
Street Address:	405 West Main St	□Federal
City, State, Zip:	Owingsville, KY 40360	□Other:
KDE Contact Information	Bath County Board of Education 405 West Main St Owingsville, KY 40360  Jim Tackett 502/564-5279 x4446	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	
Street Address:	300 Sower Blvd	Method of Payment
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	☐ Federal Cash Request
Street Address:	300 Sower Blvd	
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
р		☐ Lump Sum
<b>Description/Fund Source of Awa</b>	rd and Fiscal Year:	Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	<b>⊠Q</b> uarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$6000		
Award Amount. 30000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
, ,	Our	
Consortia/Partnership Members	: N/A	
	Commonwealth A	
Authorized By (Name, Title): Ter	i Mason, Budget Branch Date: April 22, 2025	
	ision of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Bell County Board of Education	⊠State
Street Address:	9828 US25E 2nd floor	□Federal
City, State, Zip:	Pineville, KY 40977	□Other:
KDE Contact Information	Bell County Board of Education 9828 US25E 2nd floor Pineville, KY 40977 Jim Tackett 502/564-5279 x4446	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Mathad of Downsont
Street Address:	300 Sower Blvd	
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	☐ Federal Cash Request
Street Address:	300 Sower Blvd	⊠Expenditure Reimbursement
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
		☐Lump Sum
Description/Fund Source of Awa		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	⊠Quarterly
Master Agreement Number:	N/A	□Other:
0 10 11 11 16		
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$10000		
γα. γομ γ.2000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our	
Consortia/Partnership Members	s: N/A	
	Commonwealth	
Authorized By (Name, Title): Te	ri Mason, Budget Branch Date: April 22, 2	025
Div	vision of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Bellevue Independent Board of Education	⊠State
Street Address:	219 Center St	□Federal
City, State, Zip:	Bellevue, KY 41073	□Other:
KDE Contact Information	Bellevue Independent Board of Education 219 Center St Bellevue, KY 41073  Jim Tackett 502/564-5279 x4446	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	·
	CALL OUR	Lump Sum
Description/Fund Source of Award		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	Monthly
MUNIS Project Number:	13JL	□ Quarterly
Master Agreement Number:	N/A	Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$14000		
Award Amount: \$14000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
3diy 1, 202 i 3diic 30, 2023	Our	
Consortia/Partnership Members:	N/A	
Consolita, and an ending in embelor	Commonwoolth	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
	sion of Budget & Financial Management	
2	Son of Budget & Financial Human	
	Education	
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Name and Address of Recipient		Fund Type:
Agency Name:	Bourbon County Board of Education	⊠State
Street Address:	3343 Lexington Road	□Federal
City, State, Zip:	Bourbon County Board of Education 3343 Lexington Road Paris, KY 40361  Jim Tackett 502/564-5279 x4446	□Other:
WD5.0		
KDE Contact Information	II. T. I. II. 502/564 5070 4446	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	□Lump Sum
Description/Fund Source of Awa	and and Fiscal Voors	Receipt of Invoice from Vendor
The second secon	Automated External Defibrillators grant	Theceipt of invoice from vendor
Description: Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	□ Monthly
MUNIS Project Number:	13JL	<b></b>
Master Agreement Number:	N/A	Other:
Master Agreement Number.	N/A	□Other:
Grant Authority (Source):		Financial Deposition Mathed
24 RS HB 1		Financial Reporting Method:
		□Other:
Award Amount: \$18000		
		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our	
Consortia/Partnership Member	s: N/A	
	Commonwea	Ith American
Authorized By (Name, Title): Te	ri Mason, Budget Branch Dat	e: April 22, 2025
Di	vision of Budget & Financial Management	
	Educati	

Name and Address of Recipient		Fund Type:
Agency Name:	Bowling Green Independent Board of Education	⊠State
Street Address:	1211 Center St	□Federal
City, State, Zip:	Bowling Green Independent Board of Education 1211 Center St Bowling Green, KY 42101  Jim Tackett 502/564-5279 x4446	□Other:
KDE Contact Information		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	⊠ Expenditure Reimbursement
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
	Grand Court	Lump Sum
Description/Fund Source of Awa		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	⊠Quarterly
Master Agreement Number:	N/A	□ <mark>Ot</mark> her:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		⊠ Electronic Submission CDIP
		□Other:
Aand Aat. \$20000		
Award Amount: \$28000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
July 1, 2024-Julie 30, 2023		
Consortia/Partnership Members	Our	
Consortia/ Partifership Members	Common 14h	
Authorized By (Name, Title): Te	ri Mason, Budget Branch Date: April 22, 2025	
	ri Mason, Budget Branch Date: April 22, 2025 vision of Budget & Financial Management	
Div	vision of budget & rinancial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Boyd County Board of Education	⊠State
Street Address:	1104 Bob Mccullough Dr	□Federal
City, State, Zip:	Boyd County Board of Education 1104 Bob Mccullough Dr Ashland, KY 41102  Jim Tackett 502/564-5279 x4446	□Other:
KDE Contact Information		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	-
	CALL OUR	Lump Sum
Description/Fund Source of Awar		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	☑Quarterly
Master Agreement Number:	N/A	□Other:
Court Authority (Court		
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$12000		
Award Amount. \$12000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
, -,	Our	
Consortia/Partnership Members:	N/A	
р	Commonwoolth	
Authorized By (Name, Title): Ter	i Mason, Budget Branch Date: April 22, 2025	
	ision of Budget & Financial Management	
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	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Boyle County Board of Education	⊠State
Street Address:	101 Citation Dr, Ste C	□Federal
City, State, Zip:	Danville, KY 40422	□Other:
KDE Contact Information	Boyle County Board of Education 101 Citation Dr, Ste C Danville, KY 40422  Jim Tackett 502/564-5279 x4446	
Program Consultant: Phone #		Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	□Lump Sum
Description /Fund Course of Australia	Our Our	Receipt of Invoice from Vendor
Description/Fund Source of Awar		Receipt of invoice from Vendor
Description:	Automated External Defibrillators grant	Reimbursement Frequency:
Fund Source:	State General Funds	Monthly
CFDA#:	N/A 13.11	
MUNIS Project Number:	13JL	Quarterly  Output  O
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		E: 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
24 RS HB 1		Financial Reporting Method:
24131101		⊠ Electronic Submission CDIP
		□Other:
Award Amount: \$14000		
		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	()11r	
<b>Consortia/Partnership Members:</b>	N/A	
	Commonwealth A	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
Divi	sion of Budget & Financial Management	
	Education	
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Name and Address of Recipient		Fund Type:
Agency Name:	Breathitt County Board of Education	⊠State
Street Address:	PO Box 750	□Federal
City, State, Zip:	Breathitt County Board of Education PO Box 750 Jackson, KY 41339  Jim Tackett 502/564-5279 x4446	□Other:
KDE Contact Information		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
	G Uur	Lump Sum
Description/Fund Source of Awar		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	<b>☑</b> Quarterly
Master Agreement Number:	N/A	Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$12000		
Award Amount: \$12000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
34., 2, 232 : 34 33, 2323	Our	
Consortia/Partnership Members:	N/A	
Consortiu, and an ensure in the installed	Commonwoolth	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
	sion of Budget & Financial Management	
2.0	Son of Budget & Financial Humanus	
	Education	
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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	$\square$ Other:
KDE Contact Information	Breckinridge County Board of Education 86 Airport Rd Hardinsburg, KY 40143  Jim Tackett 502/564-5279 x4446	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
	G Uur	□ Lump Sum
Description/Fund Source of Awa		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	☑Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		☑ Electronic Submission CDIP
		□Other:
Award Amount: \$30000		
Awaru Amount. \$30000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
suly 1, 2024 suite 30, 2023		
Consortia/Partnership Members	e: N/A	
consortia, raitinersing internacio	Commonwoolth	
Authorized By (Name, Title): Te	ri Mason, Budget Branch Date: April 22, 2025	
	vision of Budget & Financial Management	
Div.	vision of budget & financial Wallagement	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Bullitt County Board of Education	⊠State
Street Address:	1040 Hwy 44E	□Federal
City, State, Zip:	Bullitt County Board of Education 1040 Hwy 44E Shepherdsville, KY 40165  Jim Tackett 502/564-5279 x4446	☐Other:
KDE Court at lafour at an		
KDE Contact Information	I'm Taalada FOO/FOA FO70 WAAAG	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	□Lump Sum
Description/Fund Source of Awa	ard and Fiscal Year:	Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	□Monthly
MUNIS Project Number:	13JL	
Master Agreement Number:	N/A	Other:
3		
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		⊠ Electronic Submission CDIP
		Other:
		Liother:
Award Amount: \$48000		Evaluations:
Period of Award:		Evaluations
July 1, 2024-June 30, 2025	$\bigcap$	
Consortia/Partnership Members	Our	
Consortia/Partnership Members	Commonwealth	
Authorized By (Name, Title): Te	ri Mason, Budget Branch Date: April 22, 2025	
	vision of Budget & Financial Management	
Div	vision of budget & Financial Management	
	Education	
	queac	

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:	Caldwell County Board of Education 612 W Washington St Princeton, KY 42445  Jim Tackett 502/564-5279 x4446	☐ Other:
KDE Contact Information		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	⊠Expenditure Reimbursement
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	□Lump Sum
Description/Fund Source of Awa	rd and Eiceal Years	☐ Receipt of Invoice from Vendor
-		Theceipt of invoice from vendor
Description: Fund Source:	Automated External Defibrillators grant State General Funds	Reimbursement Frequency:
CFDA#:	N/A	□ Monthly
MUNIS Project Number:	13JL	<b>☑Quarterly</b>
Master Agreement Number:	N/A	Other:
Waster Agreement Number.	NA	□ottler.
Grant Authority (Source):		Financial Paparting Methods
24 RS HB 1		Financial Reporting Method:
		⊠ Electronic Submission CDIP
		□Other:
Award Amount: \$14000		- 4
		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our	
Consortia/Partnership Members	: N/A	
	Commonwealth A	
Authorized By (Name, Title): Ter	· · ·	
Div	rision of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Calloway County Board of Education	⊠State
Street Address:	2110 College Farm Rd	□Federal
City, State, Zip:	Calloway County Board of Education 2110 College Farm Rd Murray, KY 42071  Jim Tackett 502/564-5279 x4446	☐ Other:
KDE Contact Information		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	⊠Expenditure Reimbursement
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	□Lump Sum
Description/Fund Source of Awa	rd and Eiceal Years	☐ Receipt of Invoice from Vendor
-		Theceipt of invoice from vendor
Description: Fund Source:	Automated External Defibrillators grant State General Funds	Reimbursement Frequency:
CFDA#:	N/A	□ Monthly
MUNIS Project Number:	13JL	<b>☑Quarterly</b>
Master Agreement Number:	N/A	Other:
Waster Agreement Number.	NA	□ottler.
Grant Authority (Source):		Financial Paparting Mathods
24 RS HB 1		Financial Reporting Method:
		⊠ Electronic Submission CDIP
		□Other:
Award Amount: \$14000		- 4
		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our	
Consortia/Partnership Members	: N/A	
	Commonwealth A	
Authorized By (Name, Title): Ter	· · ·	
Div	rision of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Campbell County Board of Education	⊠State
Street Address:	101 Orchard Ln	□Federal
City, State, Zip:	Campbell County Board of Education 101 Orchard Ln Alexandria, KY 41001  Jim Tackett 502/564-5279 x4446	□Other:
<b>KDE Contact Information</b>	e de la companya della companya dell	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	□ Lump Sum
Description /Fund Course of Australia	Was Find Years Out	Receipt of Invoice from Vendor
Description/Fund Source of Aw		Receipt of invoice from vendor
Description: Fund Source:	Automated External Defibrillators grant State General Funds	Reimbursement Frequency:
CFDA#:	N/A	□ Monthly
MUNIS Project Number:	13JL	<b>⊠</b> Quarterly
Master Agreement Number:	N/A	Other:
Waster Agreement Number.	N/A	Dottler.
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		⊠ Electronic Submission CDIP
		□Other:
Award Amount: \$48000		
Awaru Amount. \$48000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our	
Consortia/Partnership Member	rs: N/A	
	Commonwealth A	
Authorized By (Name, Title): Te	eri Mason, Budget Branch Date: April 22, 202	25
Di	ivision of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Campbellsville Independent Board of Education	⊠State
Street Address:	136 South Columbia Ave	□Federal
City, State, Zip:	Campbellsville Independent Board of Education 136 South Columbia Ave Campbellsville, KY 42718  Jim Tackett 502/564-5279 x4446	□Other:
KDE Contact Information		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	·
Street Address:	300 Sower Blvd	
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
		□Lump Sum
Description/Fund Source of Awa		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	⊠Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		
24 RS HB 1		Financial Reporting Method:
24 1/3 1/10 1		
		□Other:
Award Amount: \$16000		Evaluations:
Davied of Assessed		Evaluations.
Period of Award:		
July 1, 2024-June 30, 2025	Out	
Consentia (Deutusushin Manuhana	Our	
Consortia/Partnership Members	S: N/A	
	Commonwealth	
Authorized By (Name, Title): Te	· · · · · · · · · · · · · · · · · · ·	
DIN	vision of Budget & Financial Management	
	7/11/00/10	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Carlisle County Board of Education	⊠State
Street Address:	4557 State Route 1377	□Federal
City, State, Zip:	Bardwell, KY 42023	□Other:
KDE Contact Information	Carlisle County Board of Education 4557 State Route 1377 Bardwell, KY 42023  Jim Tackett 502/564-5279 x4446	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	
Street Address:	300 Sower Blvd	method of rayment
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	☐ Federal Cash Request
Street Address:	300 Sower Blvd	
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
,	()11r	☐Lump Sum
<b>Description/Fund Source of Awa</b>	ard and Fiscal Year:	Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	☑ Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$6000		
Award Amount. 30000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
, 2, 202 23, 202	Our	
Consortia/Partnership Member	s: N/A	
	Commonwealth	
Authorized By (Name, Title): Te	eri Mason, Budget Branch Date: April 22,	2025
	vision of Budget & Financial Management	
	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:	Casey County Board of Education 1922 N US 127 Liberty, KY 42539 Jim Tackett 502/564-5279 x4446	□Other:	
<b>KDE Contact Information</b>	AS CA		
Program Consultant: Phone #		Method of Payment	
Street Address:	300 Sower Blvd	☐ Federal Cash Request	
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344		
Street Address:	300 Sower Blvd	☐ Automatic Payment	
City, State Zip:	Frankfort, KY 40601	□Lump Sum	
Description (Front Course of Australia	Sign Our	Receipt of Invoice from Vendor	
Description/Fund Source of Awar		Receipt of invoice from vendor	
Description:	Automated External Defibrillators grant	Reimbursement Frequency:	
Fund Source:	State General Funds		
CFDA#:	N/A	Monthly	
MUNIS Project Number:	13JL	Quarterly  Output  Day  Output  Day  Day  Day  Day  Day  Day  Day  Da	
Master Agreement Number:	N/A	Other:	
Grant Authority (Source):		Financial Reporting Method:	
24 RS HB 1		⊠ Electronic Submission CDIP	
		Other:	
Award Amount: \$24000			
Awara Amount. \$24000		Evaluations:	
Period of Award:			
July 1, 2024-June 30, 2025			
	Our		
Consortia/Partnership Members:	N/A		
	Commonwealth A		
Authorized By (Name, Title): Teri	i Mason, Budget Branch Date: April 22, 2025		
Divi	sion of Budget & Financial Management		
	Education		

Name and Address of Recipient		Fund Type:
Agency Name:	Caverna Independent Board of Education	⊠State
Street Address:	1102 N Dixie Hwy	□Federal
City, State, Zip:	Caverna Independent Board of Education 1102 N Dixie Hwy Cave City, KY 42127  Jim Tackett 502/564-5279 x4446	$\square$ Other:
<b>KDE Contact Information</b>		
Program Consultant: Phone #		Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	⊠Expenditure Reimbursement
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	□ Lump Sum
		Receipt of Invoice from Vendor
Description/Fund Source of Awa		Receipt of invoice from vendor
Description:	Automated External Defibrillators grant	Daimhurannat Francisco
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	Monthly
MUNIS Project Number:	13JL	⊠Quarterly
Master Agreement Number:	N/A	□ Other:
Grant Authority (Source):		
24 RS HB 1		Financial Reporting Method:
24 ((3) (16) 1		☑ Electronic Submission CDIP
		□Other:
Award Amount: \$8000		
		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our	
Consortia/Partnership Member	s: N/A	
	Commonwealth A	
Authorized By (Name, Title): Te	ri Mason, Budget Branch Date: April 22, 2025	
Di	vision of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Christian County Board of Education	⊠State
Street Address:	200 Glass Ave	□Federal
City, State, Zip:	Christian County Board of Education 200 Glass Ave Hopkinsville, KY 0  Jim Tackett 502/564-5279 x4446	□Other:
<b>KDE Contact Information</b>		
Program Consultant: Phone #		Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	Lump Sum
- · · · /- · · ·		Receipt of Invoice from Vendor
Description/Fund Source of Award		Receipt of invoice from vendor
Description:	Automated External Defibrillators grant	Dainshaus and European
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	Monthly
MUNIS Project Number:	13,11	⊠Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		
24 RS HB 1		Financial Reporting Method:
24 N3 HB 1		
		Other:
Award Amount: \$16000		
7-200		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our	
Consortia/Partnership Members:	N/A	
•	Commonwealth A	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
	sion of Budget & Financial Management	
	Education	
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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:
KDE Contact Information	Clark County Board of Education 1600 W Lexington Ave Winchester, KY 40391 Jim Tackett 502/564-5279 x4446	
	lim Tookett FO2/FG4 F270 v4446	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	□Lump Sum
Description/Fund Source of Awa	ard and Fiscal Year:	☐ Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	□Monthly
MUNIS Project Number:	13JL	<b>Quarterly</b>
Master Agreement Number:	N/A	Other:
9		
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		<b>⊠Electronic Submission CDIP</b>
		□Other:
Award Amount: \$38000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
July 1, 2024 Julie 30, 2023	Our	
Consortia/Partnership Members	s· N/A	
Consortia, rantine simp member	Commonwo	olth Aller
Authorized By (Name, Title): Te	ri Mason, Budget Branch	Date: April 22, 2025
• • • • •	vision of Budget & Financial Management	7 (piii 22) 2023
	Educati	

Name and Address of Recipient		Fund Type:
Agency Name:	Clay County Board of Education	⊠State
Street Address:	128 Richmond Rd	□Federal
City, State, Zip:	Clay County Board of Education 128 Richmond Rd Manchester, KY 40962  Jim Tackett 502/564-5279 x4446	$\square$ Other:
KDE Contact Information	U	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	⊠ Expenditure Reimbursement
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	□Lump Sum
Description/Fund Source of Awa	and Fiscal Vear	☐ Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	These per a mone from vendor
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	□ Monthly
MUNIS Project Number:	13JL	<b>⊠Q</b> uarterly
Master Agreement Number:	N/A	Other:
Waster Agreement Number.	N/A	Dottler.
Grant Authority (Source):		Financial Paparting Mothods
24 RS HB 1		Financial Reporting Method:
		⊠ Electronic Submission
		□Other:
Award Amount: \$16000		
		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our A	
Consortia/Partnership Members	:: N/A	
	Commonwealth A	
Authorized By (Name, Title): Te	· ·	
Div	vision of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Clinton County Board of Education	⊠State
Street Address:	1273 KY Hwy 90 W, Ste 103	□Federal
City, State, Zip:	Clinton County Board of Education 1273 KY Hwy 90 W, Ste 103 Albany, KY 42602  Jim Tackett 502/564-5279 x4446	☐Other:
KDE Contact Information		
Program Consultant: Phone #		Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	□Lump Sum
		Receipt of Invoice from Vendor
Description/Fund Source of Aw		Receipt of invoice from vendor
Description:	Automated External Defibrillators grant	Dainshumana A Francisco
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	Monthly
MUNIS Project Number:	13JL	⊠Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		⊠ Electronic Submission
		Other:
Amount 63000		
Award Amount: \$20000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
34., 2, 202 : 34.16 33, 2023	Our	
Consortia/Partnership Member	rs: N/A	
, and an	Commonwoolth	
Authorized By (Name, Title): To	eri Mason, Budget Branch Date: April 22, 2025	
	ivision of Budget & Financial Management	
	Education	
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Name and Address of Recipient		Fund Type:
Agency Name:	Cloverport Independent Board of Education	⊠State
Street Address:	301 Poplar St	□Federal
City, State, Zip:	Cloverport Independent Board of Education 301 Poplar St Cloverport, KY 40111  Jim Tackett 502/564-5279 x4446	$\square$ Other:
KDE Contact Information		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	·
	CY UUT	□Lump Sum
<b>Description/Fund Source of Award</b>		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	□ Monthly
MUNIS Project Number:	13JL	☑Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$4000		
Awaru Amount. \$4000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
3diy 1, 2024 3dile 30, 2023		
Consortia/Partnership Members:	N/A Our	
Consortia, raithership Weinbers.	Commonwoolth	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
	sion of Budget & Financial Management	
Divis	non or budget & i mancial wanagement	
	Education	
	The state of the s	

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:
KDE Contact Information	Corbin Independent Board of Education 108 Roy Kidd Ave Corbin, KY 40701  Jim Tackett 502/564-5279 x4446	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	Lump Sum
5		
Description/Fund Source of Awar		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	Bainekungan at Francisco
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	Monthly
MUNIS Project Number:	13JL	⊠Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		
24 RS HB 1		Financial Reporting Method:
24 K3 HB 1		
		Other:
Award Amount: \$24000		
/		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our	
Consortia/Partnership Members:	N/A	
	Commonwealth A	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
	sion of Budget & Financial Management	
	Education	
	Tu Cas	

Name and Address of Recipient		Fund Type:
Agency Name:	Crittenden County Board of Education	⊠State
Street Address:	601 W Elm St	□Federal
City, State, Zip:	Crittenden County Board of Education 601 W Elm St Marion, KY 42064  Jim Tackett 502/564-5279 x4446	□Other:
<b>KDE Contact Information</b>		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	Expenditure Reimbursement
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
	GY Ull Control of the	□Lump Sum
Description/Fund Source of Awar		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	□ Monthly
MUNIS Project Number:	13JL	<b>⊠Q</b> uarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		<b>⊠</b> Electronic Submission <b>CDIP</b>
		□Other:
Award Amounts \$10000		
Award Amount: \$10000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
July 1, 2024 Julie 30, 2023	Our	
Consortia/Partnership Members	· N/A	
Consortia, rai thership Wembers	Commonsycoalth	
Authorized By (Name, Title): Ter	i Mason, Budget Branch Date: April 22, 2025	
	ision of Budget & Financial Management	
Biv	Sion of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Danville Independent Board of Education	⊠State
Street Address:	115 E Lexington Ave	□Federal
City, State, Zip:	Danville, KY 40422	□Other:
KDE Contact Information	Danville Independent Board of Education 115 E Lexington Ave Danville, KY 40422  Jim Tackett 502/564-5279 x4446	
Program Consultant: Phone #		Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	Lump Sum
5		Receipt of Invoice from Vendor
Description/Fund Source of Awar		Receipt of invoice from vendor
Description:	Automated External Defibrillators grant	Daimhurannant Francisco
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	Monthly
MUNIS Project Number:	13JL	⊠Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		
24 RS HB 1		Financial Reporting Method:
24 ((3)) (1)		☑ Electronic Submission CDIP
		Other:
Award Amount: \$8000		
		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	()11r	
<b>Consortia/Partnership Members:</b>	N/A	
	Commonwealth A	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
Divi	sion of Budget & Financial Management	
	Education	
	- Grous	

Name and Address of Recipient		Fund Type:
Agency Name:	Daviess County Board of Education	⊠State
Street Address:	1622 Southeastern Parkway	□Federal
City, State, Zip:	Owensboro, KY 42303	□Other:
KDE Contact Information	Daviess County Board of Education 1622 Southeastern Parkway Owensboro, KY 42303  Jim Tackett 502/564-5279 x4446	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	North and of Danish and
Street Address:	300 Sower Blvd	Method of Payment
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	☐ Federal Cash Request
Street Address:	300 Sower Blvd	⊠ Expenditure Reimbursement
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
	Grand Contract of the Contract	Lump Sum
Description/Fund Source of Awa		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	<b>☑</b> Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Garren)		
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$38000		
, that a , this and a possible		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our	
Consortia/Partnership Members	s: N/A	
	Commonwealth A	
Authorized By (Name, Title): Te	ri Mason, Budget Branch Date: April 22, 2025	
Div	vision of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Dawson Springs Independent Board of Education	⊠State
Street Address:	118 E Arcadia Ave	□Federal
City, State, Zip:	Dawson Springs Independent Board of Education 118 E Arcadia Ave Dawson Springs, KY 42408  Jim Tackett 502/564-5279 x4446	□Other:
<b>KDE Contact Information</b>		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
	G Uur	□Lump Sum
Description/Fund Source of Award		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	Monthly
MUNIS Project Number:	13JL	<b>☑Quarterly</b>
Master Agreement Number:	N/A	Other:
Count Authority (Sausa)		
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$6000		
, and a , an oan ar question		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
, ,	Our Our	
Consortia/Partnership Members:	N/A	
	Commonwealth A	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
	sion of Budget & Financial Management	
	Education	
	16706	

Name and Address of Recipient		Fund Type:
Agency Name:	East Bernstadt Independent Board of Education	⊠State
Street Address:	PO Box 128	□Federal
City, State, Zip:	East Bernstadt Independent Board of Education PO Box 128 East Bernstadt, KY 40729  Jim Tackett 502/564-5279 x4446	□Other:
<b>KDE Contact Information</b>		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	-
Street Address:	300 Sower Blvd	⊠Expenditure Reimbursement
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
	Or Ulif	Lump Sum
<b>Description/Fund Source of Awar</b>		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		<b>⊠</b> Electronic Submission CDIP
		□Other:
Assessed Assessment C4000		
Award Amount: \$4000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
July 1, 2024-Julie 30, 2023	$\bigcap$	
Consortia/Partnership Members:	Our	
Consortia/ Partifership Members.	Commonwoolth	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
	sion of Budget & Financial Management	
DIVI	Sion of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Edmonson County Board of Education	⊠State
Street Address:	100 Wildcat Way	□Federal
City, State, Zip:	Edmonson County Board of Education 100 Wildcat Way Brownsville, KY 42210  Jim Tackett 502/564-5279 x4446	$\square$ Other:
<b>4556</b>		
KDE Contact Information	U = 1 U = 20/50 = 200	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	☐Lump Sum
Description/Fund Source of Awa	rd and Fiscal Vear:	Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	□Monthly
MUNIS Project Number:	13JL	⊠ Quarterly
Master Agreement Number:	N/A	Other:
, and a second second second		
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		⊠ Electronic Submission CDIP
		Other:
		Detrier:
Award Amount: \$12000		Evaluations:
Davie d of Assends		Evaluations.
Period of Award:		
July 1, 2024-June 30, 2025	Out	
Consortia/Partnership Members	Our	
Consortia/Partifership Members	Commonwealth	
Authorized By (Name, Title): Ter	ri Mason, Budget Branch Date: April 22, 2025	
	rision of Budget & Financial Management	
Div	ision of budget & Financial Wallagement	
	Education	
	qua	

Name and Address of Recipient		Fund Type:	
Agency Name:	Elliott County Board of Education	⊠State	
Street Address:	PO Box 767	□Federal	
City, State, Zip:	Elliott County Board of Education PO Box 767 Sandy Hook, KY 41171  Jim Tackett 502/564-5279 x4446	□Other:	
<b>KDE Contact Information</b>			
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment	
Street Address:	300 Sower Blvd	Federal Cash Request	
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	·	
Street Address:	300 Sower Blvd	⊠Expenditure Reimbursement	
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment	
	or Our	□Lump Sum	
<b>Description/Fund Source of Award</b>		☐ Receipt of Invoice from Vendor	
Description:	Automated External Defibrillators grant		
Fund Source:	State General Funds	Reimbursement Frequency:	
CFDA#:	N/A	☐ Monthly	
MUNIS Project Number:	13JL	<b>☑Quarterly</b>	
Master Agreement Number:	N/A	□Other:	
Grant Authority (Source):		Financial Reporting Method:	
24 RS HB 1			
		□Other:	
Award Amount: \$22000			
Award Amount: \$22000		Evaluations:	
Period of Award:			
July 1, 2024-June 30, 2025			
34., 2, 232 : 34 33, 2323	Our		
Consortia/Partnership Members:	N/A		
	Commonwealth A		
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025		
	sion of Budget & Financial Management		
Education			

Name and Address of Recipient		Fund Type:
Agency Name:	Erlanger Elsmere Board of Education	⊠State
Street Address:	500 Graves Ave	□Federal
City, State, Zip:	Erlanger, KY 41018	□Other:
KDE Contact Information	Erlanger Elsmere Board of Education 500 Graves Ave Erlanger, KY 41018  Jim Tackett 502/564-5279 x4446	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	Lump Sum
,	(S) OUI	
Description/Fund Source of Awar		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	Monthly
MUNIS Project Number:	13JL	□ Quarterly
Master Agreement Number:	N/A	Other:
Crant Authority (Source)		
Grant Authority (Source): 24 RS HB 1		Financial Reporting Method:
24 KS HB 1		
		Other:
Award Amount: \$4000		
Award Amount: \$4000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Our	
Consortia/Partnership Members:	N/A	
, , , , , , , , , , , , , , , , , , ,	Commonwoolth	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
	sion of Budget & Financial Management	
	Education	
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	4 q Cac	

	Fund Type:
Estill County Board of Education	⊠State
PO Box 930	□Federal
Irvine, KY 40336	□Other:
	4116-
Jim Tackett 502/564-5279 x4446	Method of Payment
300 Sower Blvd	
Teri Mason 502/564-1979 x4344	☐ Federal Cash Request
300 Sower Blvd	
Frankfort, KY 40601	☐ Automatic Payment
	□Lump Sum
	Receipt of Invoice from Vendor
	Reimbursement Frequency:
	□Monthly
	<b>☑</b> Quarterly
N/A	□Other:
	Financial Reporting Method:
	□Other:
	Evaluations:
()11r	
s: N/A	
Commonwe	alth Alle
eri Mason, Budget Branch	<b>Date:</b> April 22, 2025
vision of Budget & Financial Management	
, GO Car	
	Estill County Board of Education PO Box 930 Irvine, KY 40336  Jim Tackett 502/564-5279 x4446 300 Sower Blvd Teri Mason 502/564-1979 x4344 300 Sower Blvd Frankfort, KY 40601  ard and Fiscal Year: Automated External Defibrillators grant State General Funds N/A 13JL N/A  sri Mason, Budget Branch

Name and Address of Recipient		Fund Type:
Agency Name:	Fleming County Board of Education	⊠State
Street Address:	211 W Water St	□Federal
City, State, Zip:	Fleming County Board of Education 211 W Water St Flemingsburg, KY 41041  Jim Tackett 502/564-5279 x4446	☐Other:
KDE Contact Information		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
	or Uur	☐Lump Sum
Description/Fund Source of Awar		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	<b>⊠Q</b> uarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		☑ Electronic Submission CDIP
		Other:
Aa.d Aat. 624000		
Award Amount: \$24000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
July 1, 2024-Julie 30, 2023	$\bigcap$	
Consortia/Partnership Members:	N/A Our	
Consortia/ Farthership Members.	Commonwoolth	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
	sion of Budget & Financial Management	
DIVIS	Sion of budget & rindicial Management	
	Education	

Name and Address of Recipient		Fund Type:	
Agency Name:	Fort Thomas Independent Board of Education	⊠State	
Street Address:	28 N Ft Thomas Ave	□Federal	
City, State, Zip:	Fort Thomas Independent Board of Education 28 N Ft Thomas Ave Fort Thomas, KY 41075  Jim Tackett 502/564-5279 x4446	□Other:	
<b>KDE Contact Information</b>			
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment	
Street Address:	300 Sower Blvd	Federal Cash Request	
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344		
Street Address:	300 Sower Blvd		
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment	
		□Lump Sum	
Description/Fund Source of Awa		Receipt of Invoice from Vendor	
Description:	Automated External Defibrillators grant		
Fund Source:	State General Funds	Reimbursement Frequency:	
CFDA#:	N/A	☐ Monthly	
MUNIS Project Number:	13JL	<b>☑Quarterly</b>	
Master Agreement Number:	N/A	□Other:	
Grant Authority (Source):		Financial Reporting Method:	
24 RS HB 1		☑ Electronic Submission CDIP	
		Other:	
Aand Amaz.unt. 620000			
Award Amount: \$20000		Evaluations:	
Period of Award:			
July 1, 2024-June 30, 2025			
July 1, 2024-Julie 30, 2023	$\bigcap$		
Consortia/Partnership Members	Uur N/A		
Consortia/Farthership Weinbers	Commonversalth		
Authorized By (Name, Title): Te	ri Mason, Budget Branch Date: April 22, 2025		
	vision of Budget & Financial Management		
DIV	vision of budget & rinancial ivianagement		
Col- Hio			
	Education		

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:
KDE Contact Information	Fulton County Board of Education 2780 Moscow Ave Hickman, KY 42050  Jim Tackett 502/564-5279 x4446	le-
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	
Street Address:	300 Sower Blvd	method of rayment
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	☐ Federal Cash Request
Street Address:	300 Sower Blvd	
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
	Old Ulif	☐Lump Sum
<b>Description/Fund Source of Aw</b>	ard and Fiscal Year:	Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$14000		
Awara Amount. 914000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
, ,	Our	
Consortia/Partnership Member	rs: N/A	
·	Commonweal	th American
Authorized By (Name, Title): Te	eri Mason, Budget Branch Date:	April 22, 2025
	ivision of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Fulton Independent Board of Education	⊠State
Street Address:	304 W State Line	□Federal
City, State, Zip:	Fulton Independent Board of Education 304 W State Line Fulton, KY 42041  Jim Tackett 502/564-5279 x4446	☐ Other:
KDE Contact Information		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	Expenditure Reimbursement
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	·
		□Lump Sum
Description/Fund Source of Awa		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	⊠Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$8000		
Awara Amount. 90000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
.,,,	Our	
Consortia/Partnership Member	s: N/A	
	Commonwoolth	
Authorized By (Name, Title): Te	eri Mason, Budget Branch Date: April 22, 2025	
	vision of Budget & Financial Management	
5.	vision of budget & Financial Management	
	Education	
	Au Cau	

Name and Address of Recipient		Fund Type:
Agency Name:	Gallatin County Board of Education	⊠State
Street Address:	75 Boardwalk	□Federal
City, State, Zip:	Gallatin County Board of Education 75 Boardwalk Warsaw, KY 41095  Jim Tackett 502/564-5279 x4446	□Other:
KDE Contact Information		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	-
Street Address:	300 Sower Blvd	⊠Expenditure Reimbursement
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
	gy Uur	□Lump Sum
<b>Description/Fund Source of Award</b>		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	<b>☑Q</b> uarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$20000		
Awaru Amount. \$20000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
3diy 1, 2024 3dile 30, 2023	Our	
Consortia/Partnership Members:	N/A	
consortia, rarenersing members.	Commonwoolth	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
	ion of Budget & Financial Management	
5.013	non or budget & Finditud Munugement	
	Education	

arrard County Board of Education	⊠State
22 West Maple Ave	□Federal
ncaster, KY 0	□Other:
m Tackett 502/564-5279 x4446	Method of Payment
00 Sower Blvd	Federal Cash Request
eri Mason 502/564-1979 x4344	Expenditure Reimbursement
00 Sower Blvd	A
ankfort, KY 40601	☐ Automatic Payment
	Lump Sum
	Receipt of Invoice from Vendor
	Reimbursement Frequency:
/A	□ Monthly
BJL	☑Quarterly
<sup>/</sup> A	□Other:
	Financial Reporting Method:
	□Other:
	Evaluations:
'A Out	
Commonwoolth	
ason, Budget Branch Date: April 22, 2025	
Education	
	A  son, Budget Branch  sof Budget & Financial Management  n Tackett 502/564-5279 x4446 0 Sower Blvd n Mason 502/564-1979 x4344 0 Sower Blvd ankfort, KY 40601 nd Fiscal Year: ntomated External Defibrillators grant ate General Funds A  Son, Budget Branch of Budget & Financial Management

Name and Address of Recipient		Fund Type:
Agency Name:	Glasgow Independent Board of Education	⊠State
Street Address:	PO Box 1239	□Federal
City, State, Zip:	Glasgow Independent Board of Education PO Box 1239 Glasgow, KY 0  Jim Tackett 502/564-5279 x4446	☐Other:
<b>KDE Contact Information</b>		
Program Consultant: Phone #		Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	·
	GALLY OUT	Lump Sum
Description/Fund Source of Awar		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	☑Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$8000		
Award Amount. 98000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
3dly 1, 2024 Julie 30, 2023	Our	
Consortia/Partnership Members:	N/A	
consortia/1 artifersing interingers.	Commonwoolth	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
	sion of Budget & Financial Management	
DIVI.	Stori of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Graves County Board of Education	⊠State
Street Address:	2290 State Rt 121 N	□Federal
City, State, Zip:	Mayfield, KY 42066	□Other:
KDE Contact Information	Graves County Board of Education 2290 State Rt 121 N Mayfield, KY 42066  Jim Tackett 502/564-5279 x4446	
Program Consultant: Phone #		Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	□Lump Sum
D		Receipt of Invoice from Vendor
Description/Fund Source of Awar		Receipt of invoice from vendor
Description:	Automated External Defibrillators grant	Reimbursement Frequency:
Fund Source:	State General Funds	Monthly
CFDA#: MUNIS Project Number:	N/A 13JL	
-		⊠Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		E: 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
24 RS HB 1		Financial Reporting Method:
		⊠Electronic Submission CDIP
		□Other:
Award Amount: \$24000		
		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	()11r	
Consortia/Partnership Members:	N/A	
	Commonwealth A	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
Divi	sion of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Grayson County Board of Education	⊠State
Street Address:	PO Box 4009	□Federal
City, State, Zip:	Grayson County Board of Education PO Box 4009 Leitchfield, KY 0  Jim Tackett 502/564-5279 x4446	□Other:
KDE Contact Information		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
	or Our	□Lump Sum
Description/Fund Source of Awar		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	<b>☑</b> Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		☑ Electronic Submission CDIP
		□Other:
Assert Amount \$14000		
Award Amount: \$14000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
July 1, 2024-Julie 30, 2023	$\bigcap$	
Consortia/Partnership Members:	N/A Our	
Consortia/ Farthership Members.	Commonwoolth	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
	sion of Budget & Financial Management	
DIVIS	Sion of budget & rindicial Management	
	Education	
	7/11/00/10	

Name and Address of Recipient		Fund Type:
Agency Name:	Green County Board of Education	⊠State
Street Address:	PO Box 100	□Federal
City, State, Zip:	Green County Board of Education PO Box 100 Greensburg, KY 42743  Jim Tackett 502/564-5279 x4446	☐Other:
KDE Contact Information		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	⊠ Expenditure Reimbursement
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
	ON Ulif	Lump Sum
<b>Description/Fund Source of Award</b>		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	☑ Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		<b>☑</b> Electronic Submission <b>CDIP</b>
		□Other:
Assembly \$20000		
Award Amount: \$26000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
July 1, 2024-Julie 30, 2023	$\bigcap$	
Consortia/Partnership Members:	Our Our	
Consortia/Partifership Members.	Commonwoolth	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
	sion of Budget & Financial Management	
Divis	Sion of budget & rindicial Management	
	Education	

	Fund Type:
Greenup County Board of Education	⊠State
45 Musketeer Dr	□Federal
Greenup, KY 41144	□Other:
Jim Tackett 502/564-5279 x4446	Mathed of Dayment
300 Sower Blvd	
Teri Mason 502/564-1979 x4344	☐ Federal Cash Request
300 Sower Blvd	
Frankfort, KY 40601	☐ Automatic Payment
or Our	□ Lump Sum
	Receipt of Invoice from Vendor
	Reimbursement Frequency:
	☐ Monthly
	☑ Quarterly
N/A	□Other:
	Financial Reporting Method:
	□Other:
	Evaluations:
()11r	
rs: N/A	
Commonwealth	
eri Mason, Budget Branch Date: April 2	22, 2025
ivision of Budget & Financial Management	
- GCac	
	Greenup County Board of Education 45 Musketeer Dr Greenup, KY 41144  Jim Tackett 502/564-5279 x4446 300 Sower Blvd Teri Mason 502/564-1979 x4344 300 Sower Blvd Frankfort, KY 40601  ard and Fiscal Year: Automated External Defibrillators grant State General Funds N/A 13JL N/A  sri Mason, Budget Branch  Date: April 2

Name and Address of Recipient		Fund Type:
Agency Name:	Harlan Independent Board of Education	⊠State
Street Address:	420 E Central St	□Federal
City, State, Zip:	Harlan Independent Board of Education 420 E Central St Harlan, KY 40831  Jim Tackett 502/564-5279 x4446	$\square$ Other:
KDE Contact Information	18	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	·
	WAY OUT	Lump Sum
Description/Fund Source of Awa		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	Monthly
MUNIS Project Number:	13JL	Quarterly
Master Agreement Number:	N/A	□Other:
Crant Authority (Source)		
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$10000		
7.11.01.11.1		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our	
Consortia/Partnership Members	s: N/A	
•	Commonwealth A	
Authorized By (Name, Title): Te	ri Mason, Budget Branch Date: April 22, 2025	
• • • •	vision of Budget & Financial Management	
	Education	
	The state of the s	
	- u Ca c	

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	$\square$ Other:
KDE Contact Information	Harrison County Board of Education 308 Webster Ave Cynthiana, KY 41031  Jim Tackett 502/564-5279 x4446	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	-
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	☐ Federal Cash Request
Street Address:	300 Sower Blvd	⊠Expenditure Reimbursement
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
	ON Ulif	Lump Sum
<b>Description/Fund Source of Award</b>	d and Fiscal Year:	Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	<b>☑</b> Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		☑ Electronic Submission CDIP
		□Other:
Award Amount: \$16000		Evaluations:
Davied of Assert		
Period of Award:		
July 1, 2024-June 30, 2025		
Companie / Double analysis Adams bear	Our	
Consortia/Partnership Members:	N/A	
Authorized By (Name, Title): Teri		
Divis	sion of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Hart County Board of Education	⊠State
Street Address:	25 Quality St	□Federal
City, State, Zip:	Hart County Board of Education 25 Quality St Munfordville, KY 42765  Jim Tackett 502/564-5279 x4446	$\square$ Other:
KDE Contact Information		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	⊠ Expenditure Reimbursement
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	□Lump Sum
Description/Fund Source of Awa	rd and Fiscal Vear	☐ Receipt of Invoice from Vendor
Description:		Theceipt of invoice from vendor
Fund Source:	Automated External Defibrillators grant State General Funds	Reimbursement Frequency:
CFDA#:	N/A	□ Monthly
MUNIS Project Number:	13JL	<b>⊠Quarterly</b>
Master Agreement Number:	N/A	Other:
Master Agreement Number.	N/A	Lottler:
Grant Authority (Source):		Financial Paparting Mothods
24 RS HB 1		Financial Reporting Method:
		☑ Electronic Submission CDIP
		□Other:
Award Amount: \$28000		
		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our A	
Consortia/Partnership Members	: N/A	
	Commonwealth A	
Authorized By (Name, Title): Ter	·	
Div	ision of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Hazard Independent Board of Education	⊠State
Street Address:	705 Main St	□Federal
City, State, Zip:	Hazard, KY 41701	□Other:
KDE Contact Information	Hazard Independent Board of Education 705 Main St Hazard, KY 41701  Jim Tackett 502/564-5279 x4446	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	Lump Sum
5		
Description/Fund Source of Awar		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	Bain burners A 5
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	Monthly
MUNIS Project Number:	13JL	⊠Quarterly
Master Agreement Number:	N/A	Other:
Grant Authority (Source):		
24 RS HB 1		Financial Reporting Method:
24 KS HB 1		
		Other:
Award Amount: \$20000		
7.111 d.1 d.1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our	
Consortia/Partnership Members:	N/A	
•	Commonwealth A	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
	sion of Budget & Financial Management	
	Education	
	Tu Car	

Name and Address of Recipient		Fund Type:
Agency Name:	Henry County Board of Education	⊠State
Street Address:	326 S Main St	□Federal
City, State, Zip:	Henry County Board of Education 326 S Main St New Castle, KY 40050  Jim Tackett 502/564-5279 x4446	□Other:
<b>KDE Contact Information</b>		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	·
Street Address:	300 Sower Blvd	Expenditure Reimbursement
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
		□Lump Sum
<b>Description/Fund Source of Awa</b>		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	<b>⊠Q</b> uarterly
Master Agreement Number:	N/A	□ <mark>Oth</mark> er:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		☑ Electronic Submission CDIP
		□Other:
Account 64000		
Award Amount: \$4000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
July 1, 2024-Julie 30, 2025		
Consortia/Partnership Members	Our	
Consortia/ Partifership Members	Common 14h	
Authorized By (Name, Title): Te	eri Mason, Budget Branch Date: April 22, 202	_
	vision of Budget & Financial Management	5
יום	vision of Buuget & Financial Management	
	Education	

Name and Address of Recipien		Fund Type:
Agency Name:	Hickman County Board of Education	⊠State
Street Address:	416 Waterfield Dr North	□Federal
City, State, Zip:	Clinton, KY 42031	□Other:
KDE Contact Information	Hickman County Board of Education 416 Waterfield Dr North Clinton, KY 42031 Jim Tackett 502/564-5279 x4446	416
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	
Street Address:	300 Sower Blvd	method of a dyment
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	☐ Federal Cash Request
Street Address:	300 Sower Blvd	
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
Sity, State Lip.	()111	☐ Lump Sum
<b>Description/Fund Source of Aw</b>	vard and Fiscal Year:	☐ Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	□Monthly
MUNIS Project Number:	13JL	
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$6000		
Award Amount. \$6000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
341, 1, 202 1 34116 36, 2023	Our	
Consortia/Partnership Membe	ers: N/A	
, a a a a a a a a a a a a a a a a a a a	Commonwe	olth Aller
Authorized By (Name, Title): T	eri Mason, Budget Branch	<b>Date:</b> April 22, 2025
	Division of Budget & Financial Management	, p = 2, 2023
	Educati	

Name and Address of Recipient		Fund Type:
Agency Name:	Jackson Independent Board of Education	⊠State
Street Address:	940 Highland Ave	□Federal
City, State, Zip:	Jackson Independent Board of Education 940 Highland Ave Jackson, KY 41339  Jim Tackett 502/564-5279 x4446	□Other:
<b>KDE Contact Information</b>		
Program Consultant: Phone #		Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	□ Automatic Payment
City, State Zip:	Frankfort, KY 40601	Lump Sum
		Receipt of Invoice from Vendor
Description/Fund Source of Awa		Receipt of invoice from vendor
Description:	Automated External Defibrillators grant	Daimhurannat Francisco
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	Monthly
MUNIS Project Number:	13JL	⊠Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		
24 RS HB 1		Financial Reporting Method:
24 1/3 110 1		☑ Electronic Submission CDIP
		□Other:
Award Amount: \$10000		
, , , , , , , , , , , , , , , , , , , ,		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our A	
Consortia/Partnership Members	: N/A	
	Commonwealth A	
Authorized By (Name, Title): Ter	ri Mason, Budget Branch Date: April 22, 2025	
Div	rision of Budget & Financial Management	
	Education	
	- Cuc	

Name and Address of Recipient		Fund Type:
Agency Name:	Jessamine County Board of Education	⊠State
Street Address:	871 Wilmore Rd	□Federal
City, State, Zip:	Jessamine County Board of Education 871 Wilmore Rd Nicholasville, KY 40356  Jim Tackett 502/564-5279 x4446	□Other:
<b>KDE Contact Information</b>		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	·
Street Address:	300 Sower Blvd	Expenditure Reimbursement
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
	ay Uur	☐ Lump Sum
<b>Description/Fund Source of Awa</b>		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	□ Monthly
MUNIS Project Number:	13JL	⊠Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		Other:
Assert America 620000		
Award Amount: \$30000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
34.7 2, 202 : 34.10 30, 2023	Our	
Consortia/Partnership Members	· N/A	
Consortiu, rantineromp members	Commonwoolth	
Authorized By (Name, Title): Ter	i Mason, Budget Branch Date: April 22, 2025	
	ision of Budget & Financial Management	
5	istori or Bunger et i management	
	Education	
	queau	

Name and Address of Recipient		Fund Type:
Agency Name:	Johnson County Board of Education	⊠State
Street Address:	253 North Mayo Trail	□Federal
City, State, Zip:	Johnson County Board of Education 253 North Mayo Trail Paintsville, KY 41240  Jim Tackett 502/564-5279 x4446	☐ Other:
KDE Contact Information	u = 1 u = 20/5 c = 5072	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	⊠Expenditure Reimbursement
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	□Lump Sum
Description/Fund Source of Awa	rd and Eiceal Years	☐ Receipt of Invoice from Vendor
-		Theceipt of invoice from vendor
Description: Fund Source:	Automated External Defibrillators grant State General Funds	Reimbursement Frequency:
CFDA#:	N/A	□ Monthly
MUNIS Project Number:	13JL	<b>☑Quarterly</b>
Master Agreement Number:	N/A	Other:
Waster Agreement Number.	NA	□ottler.
Grant Authority (Source):		Financial Paparting Methods
24 RS HB 1		Financial Reporting Method:
		⊠ Electronic Submission CDIP
		□Other:
Award Amount: \$16000		- 4 "
		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our	
Consortia/Partnership Members	: N/A	
	Commonwealth A	
Authorized By (Name, Title): Te	· · · · · · · · · · · · · · · · · · ·	
Div	rision of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:	
Agency Name:	Kenton County Board of Education	⊠State	
Street Address:	1055 Eaton Dr	□Federal	
City, State, Zip:	Kenton County Board of Education 1055 Eaton Dr Fort Wright, KY 41017  Jim Tackett 502/564-5279 x4446	□Other:	
<b>KDE Contact Information</b>			
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment	
Street Address:	300 Sower Blvd	Federal Cash Request	
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344		
Street Address:	300 Sower Blvd		
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment	
		□Lump Sum	
Description/Fund Source of Awa		Receipt of Invoice from Vendor	
Description:	Automated External Defibrillators grant		
Fund Source:	State General Funds	Reimbursement Frequency:	
CFDA#:	N/A	☐ Monthly	
MUNIS Project Number:	13JL	⊠Quarterly	
Master Agreement Number:	N/A	□Other:	
Grant Authority (Source):		Financial Reporting Method:	
24 RS HB 1		☑ Electronic Submission CDIP	
		Other:	
Account American 64000			
Award Amount: \$4000		Evaluations:	
Period of Award:			
July 1, 2024-June 30, 2025			
July 1, 2024-Julie 30, 2023	$\bigcap$		
Consortia/Partnership Members	UII OUI		
Consortia/ Farthership Weinbers	Commonversalth		
Authorized By (Name, Title): Te	ri Mason, Budget Branch Date: April 22, 2025		
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Div	vision of budget & rinancial Management		
Education			
	74100		

Name and Address of Recipient		Fund Type:
Agency Name:	Kentucky School for the Blind	⊠State
Street Address:	1867 Frankfort Ave	□Federal
City, State, Zip:	Kentucky School for the Blind 1867 Frankfort Ave Louisville, KY 40206  Jim Tackett 502/564-5279 x4446	□Other:
<b>KDE Contact Information</b>	18	
Program Consultant: Phone #		Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	Lump Sum
Description/Fund Source of Awar		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	Daine burgare and Francisco
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	Monthly
MUNIS Project Number:	13JL	⊠Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		
24 RS HB 1		Financial Reporting Method:
24 1/3 1/10 1		
		Other:
Award Amount: \$4000		
,		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our A	
Consortia/Partnership Members:	N/A	
	Commonwealth A	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
Divi	sion of Budget & Financial Management	
	Education	
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Name and Address of Recipient		Fund Type:
Agency Name:	LaRue County Board of Education	⊠State
Street Address:	208 College St	□Federal
City, State, Zip:	LaRue County Board of Education 208 College St Hodgenville, KY 42748  Jim Tackett 502/564-5279 x4446	☐Other:
KDE Contact Information	W	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	□Lump Sum
Description/Fund Source of Awa	ard and Fiscal Voars	Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	Theselpt of invoice irom vendor
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	□Monthly
MUNIS Project Number:	13JL	<b>☑</b> Quarterly
Master Agreement Number:	N/A	Other:
Waster Agreement Warmser.	N/A	Dottler.
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		☑ Electronic Submission CDIP
		Other:
		Guier.
Award Amount: \$10000		Evaluations:
		Evaluations.
Period of Award:		
July 1, 2024-June 30, 2025		
	Our	
Consortia/Partnership Members	s: N/A	
Authorized By (Name, Title): Te	· ·	
Div	vision of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Lee County Board of Education	⊠State
Street Address:	PO Box 668	□Federal
City, State, Zip:	Beattyville, KY 41311	☐Other:
KDE Contact Information	Lee County Board of Education PO Box 668 Beattyville, KY 41311  Jim Tackett 502/564-5279 x4446	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	·
Street Address:	300 Sower Blvd	⊠Expenditure Reimbursement
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
	Or Ulir	Lump Sum
Description/Fund Source of Awar		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	<b>☑</b> Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		<b>⊠</b> Electronic Submission CDIP
		□Other:
Award Amount: \$4000		Evaluations:
David of Assessed		Evaluations.
Period of Award:		
July 1, 2024-June 30, 2025	0.44	
	Our A	
Consortia/Partnership Members:	N/A	
	Commonwealth And	
Authorized By (Name, Title): Teri		
Divi	sion of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Leslie County Board of Education	⊠State
Street Address:	108 Maple St	□Federal
City, State, Zip:	Hyden, KY 41749	$\square$ Other:
KDE Contact Information	Leslie County Board of Education 108 Maple St Hyden, KY 41749  Jim Tackett 502/564-5279 x4446	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	·
Street Address:	300 Sower Blvd	Expenditure Reimbursement
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
		Lump Sum
Description/Fund Source of Awar		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	Monthly
MUNIS Project Number:	13JL	
Master Agreement Number:	N/A	Other:
Grant Authority (Source):		
24 RS HB 1		Financial Reporting Method:
24 K3 HB 1		☑ Electronic Submission CDIP
		Other:
Award Amount: \$12000		
		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our	
Consortia/Partnership Members:	: N/A	
	Commonwealth A	
Authorized By (Name, Title): Teri	i Mason, Budget Branch Date: April 22, 2025	
Divi	ision of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Letcher County Board of Education	⊠State
Street Address:	224 Parks St	□Federal
City, State, Zip:	Letcher County Board of Education 224 Parks St Whitesburg, KY 41858  Jim Tackett 502/564-5279 x4446	☐Other:
KDE Contact Information		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	-
Street Address:	300 Sower Blvd	⊠Expenditure Reimbursement
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
	or Uur	☐Lump Sum
<b>Description/Fund Source of Award</b>		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	<b>☑</b> Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
A		
Award Amount: \$14000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
July 1, 2024-Julie 30, 2023		
Consortia/Partnership Members:	Our Our	
Consortia/Partnership Members.	Common 1th	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
DIVIS	ion of Budget & Financial Management	
	Education	

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:
KDE Contact Information	Lincoln County Board of Education 305 Danville Ave Stanford, KY 40484  Jim Tackett 502/564-5279 x4446	
Program Consultant: Phone #		Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	⊠Expenditure Reimbursement
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	·
	SY OUT	Lump Sum
Description/Fund Source of Awar		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	Monthly
MUNIS Project Number:	13JL	□ Quarterly
Master Agreement Number:	N/A	□Other:
Court Authority (Court		
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		Other:
Award Amount: \$34000		
7.11.01.07.11.00.01.00.0		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
, , , , , , , , , , , , , , , , , , , ,	Our	
Consortia/Partnership Members:	: N/A	
,	Commonwoolth	
Authorized By (Name, Title): Ter	i Mason, Budget Branch Date: April 22, 2025	
	ision of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Ludlow Independent Board of Education	⊠State
Street Address:	525 Elm St	□Federal
City, State, Zip:	Ludlow Independent Board of Education 525 Elm St Ludlow, KY 41016  Jim Tackett 502/564-5279 x4446	$\square$ Other:
KDE Contact Information		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	·
	GY OUT	Lump Sum
Description/Fund Source of Awar		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	<b>☑Quarterly</b>
Master Agreement Number:	N/A	Other:
0 10 11 11 10		
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$4000		
Award Amount: 94000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
34., 2, 232 : 34 33, 2323	Our	
Consortia/Partnership Members:	N/A	
Consortiu, and an ensure in the installed	Commonwoolth	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
	sion of Budget & Financial Management	
2.0	Son of Budget & Financial Humanus	
	Education	
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Name and Address of Recipient		Fund Type:
Agency Name:	Lyon County Board of Education	⊠State
Street Address:	217 Jenkins Rd	□Federal
City, State, Zip:	Eddyville, KY 42038	□Other:
KDE Contact Information	Lyon County Board of Education 217 Jenkins Rd Eddyville, KY 42038  Jim Tackett 502/564-5279 x4446	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	
Street Address:	300 Sower Blvd	Method of Payment
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	Federal Cash Request
Street Address:	300 Sower Blvd	
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
2.5,, 2.52.52	()11r	☐Lump Sum
<b>Description/Fund Source of Awa</b>	rd and Fiscal Year:	Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	⊠Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$14000		
Award Amount. \$14000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
, ,	Our	
Consortia/Partnership Members	:: N/A	
	Commonwealth A	
Authorized By (Name, Title): Ter	ri Mason, Budget Branch Date: April 22, 2025	
- · · · · · · · · · · · · · · · · · · ·	vision of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Magoffin County Board of Education	⊠State
Street Address:	109 Gargner Trail	□Federal
City, State, Zip:	Salyersville, KY 41465	$\square$ Other:
KDE Contact Information	Magoffin County Board of Education 109 Gargner Trail Salyersville, KY 41465  Jim Tackett 502/564-5279 x4446	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
	or Uur	□Lump Sum
Description/Fund Source of Awar		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	<b>☑Q</b> uarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		☑ Electronic Submission CDIP
		□Other:
Award Amount: \$24000		
Award Amount: \$24000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
, _, _, _, _,	Our	
Consortia/Partnership Members:	N/A	
Consortiu, and an ensure in the installed	Commonwoolth	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
	sion of Budget & Financial Management	
2.0	Son of Dauget & Financial management	
	Education	
	queac	

Name and Address of Recipient		Fund Type:
Agency Name:	Marion County Board of Education	⊠State
Street Address:	755 E Main St	□Federal
City, State, Zip:	Marion County Board of Education 755 E Main St Lebanon, KY 40033  Jim Tackett 502/564-5279 x4446	$\square$ Other:
<b>KDE Contact Information</b>	18 Car	
Program Consultant: Phone #		Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	Lump Sum
		-
Description/Fund Source of Awa		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	B. i. d
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	Monthly
MUNIS Project Number:	13JL	⊠Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		☑ Electronic Submission CDIP
		Other:
		Dottler.
Award Amount: \$12000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
July 1, 2024-Julie 30, 2023	Our	
Consortia/Partnership Members	· N/A	
Consortia/ Farthership Weinbers	Commonwoolth	
Authorized By (Name, Title): Ter	ri Mason, Budget Branch Date: April 22, 2025	
	ision of Budget & Financial Management	
Div	ision of budget & i mancial wandgement	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Marshall County Board of Education	⊠State
Street Address:	86 High School Rd	□Federal
City, State, Zip:	Marshall County Board of Education 86 High School Rd Benton, KY 42025 Jim Tackett 502/564-5279 x4446	□Other:
WD5.0		
KDE Contact Information	II. T. I. II 500/554 5070 4445	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	□Lump Sum
Description/Fund Source of Awa	ard and Fiscal Voors	Receipt of Invoice from Vendor
	Automated External Defibrillators grant	Theceipt of invoice from vendor
Description: Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	□ Monthly
MUNIS Project Number:	13JL	<b>Quarterly</b>
Master Agreement Number:	N/A	Other:
Master Agreement Number.	N/A	□ Other:
Grant Authority (Source):		Figure in Deposition Months de
24 RS HB 1		Financial Reporting Method:
		☑ Electronic Submission CDIP
		□Other:
Award Amount: \$28000		
		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our	
Consortia/Partnership Members	s: N/A	
	Commonweal	Ith American
Authorized By (Name, Title): Te		: April 22, 2025
Di	vision of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Mason County Board of Education	⊠State
Street Address:	PO Box 130	□Federal
City, State, Zip:	Mason County Board of Education PO Box 130 Maysville, KY 41056  Jim Tackett 502/564-5279 x4446	☐Other:
KDE Contact Information	u = 1 u = 20/5 c = 5072	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	⊠Expenditure Reimbursement
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	□Lump Sum
Description/Fund Source of Awa	rd and Eiceal Years	☐ Receipt of Invoice from Vendor
-		Theceipt of invoice from vendor
Description: Fund Source:	Automated External Defibrillators grant State General Funds	Reimbursement Frequency:
CFDA#:	N/A	□ Monthly
MUNIS Project Number:	13JL	<b>☑Quarterly</b>
Master Agreement Number:	N/A	Other:
Waster Agreement Number.	NA	□ottler.
Grant Authority (Source):		Financial Paparting Methods
24 RS HB 1		Financial Reporting Method:
		⊠ Electronic Submission CDIP
		□Other:
Award Amount: \$10000		- 4
		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our	
Consortia/Partnership Members	: N/A	
	Commonwealth A	
Authorized By (Name, Title): Te	· · · · · · · · · · · · · · · · · · ·	
Div	rision of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Mayfield independent Board of Education	⊠State
Street Address:	914 E College St	□Federal
City, State, Zip:	Mayfield, KY 42066	☐Other:
KDE Contact Information	Mayfield independent Board of Education 914 E College St Mayfield, KY 42066  Jim Tackett 502/564-5279 x4446	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	N-41 - 4 - 6 D
Street Address:	300 Sower Blvd	Method of Payment
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	☐ Federal Cash Request
Street Address:	300 Sower Blvd	□ Expenditure Reimbursement
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
γ,	()11r	☐Lump Sum
<b>Description/Fund Source of Award</b>	d and Fiscal Year:	Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	□ Monthly
MUNIS Project Number:	13JL	<b>☑</b> Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		⊠ Electronic Submission CDIP
		□Other:
Award Amount: \$10000		Evaluations:
Period of Award:		Evaluations.
July 1, 2024-June 30, 2025	0.44	
	Our A	
Consortia/Partnership Members:	N/A	
Authorized By (Name, Title): Teri		
Divis	sion of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	McCreary County Board of Education	⊠State
Street Address:	120 Raider Way	□Federal
City, State, Zip:	McCreary County Board of Education 120 Raider Way Stearns, KY 42647  Jim Tackett 502/564-5279 x4446	$\square$ Other:
<b>KDE Contact Information</b>		
Program Consultant: Phone #		Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	Lump Sum
- · · · /- · · ·	Carlo Cur	Receipt of Invoice from Vendor
Description/Fund Source of Awa		Receipt of invoice from vendor
Description:	Automated External Defibrillators grant	Dairehumanna t Fuanciana
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	Monthly
MUNIS Project Number:	13JL	⊠Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		
24 RS HB 1		Financial Reporting Method:
24 N3 HB 1		☑ Electronic Submission CDIP
		Other:
Award Amount: \$54000		
, , , , , , , , , , , , , , , , , , , ,		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our	
Consortia/Partnership Members	: N/A	
	Commonwealth A	
Authorized By (Name, Title): Ter	i Mason, Budget Branch Date: April 22, 2025	
	ision of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	McLean County Board of Education	⊠State
Street Address:	PO Box 245	□Federal
City, State, Zip:	McLean County Board of Education PO Box 245 Calhoun, KY 42327  Jim Tackett 502/564-5279 x4446	□Other:
KDE Contact Information		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	•
	GY UUT	□Lump Sum
<b>Description/Fund Source of Award</b>		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	□ Monthly
MUNIS Project Number:	13JL	<b>☑Q</b> uarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$24000		
Award Amount: \$24000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
July 1, 2024 Julie 30, 2023	0110	
Consortia/Partnership Members:	N/A Our	
Consortia/Farthership Members.	Commonwoolth	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
	sion of Budget & Financial Management	
Divis	Sion of budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Meade County Board of Education	⊠State
Street Address:	1155 Old Ekron Rd	□Federal
City, State, Zip:	Meade County Board of Education 1155 Old Ekron Rd Brandenburg, KY 40108  Jim Tackett 502/564-5279 x4446	□Other:
KDE Contact Information		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	·
Street Address:	300 Sower Blvd	⊠Expenditure Reimbursement
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
	7347 ()11r	□Lump Sum
<b>Description/Fund Source of Awar</b>	d and Fiscal Year:	Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	☑ Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$30000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
Composition/Bouts and the Adams because	Our	
Consortia/Partnership Members:	N/A	
Authorized By (Name, Title): Teri		
Divis	sion of Budget & Financial Management	
	Education	
	1970	

Name and Address of Recipient		Fund Type:
Agency Name:	Menifee County Board of Education	⊠State
Street Address:	PO Box 110	□Federal
City, State, Zip:	Frenchburg, KY 40322	□Other:
KDE Contact Information	Menifee County Board of Education PO Box 110 Frenchburg, KY 40322  Jim Tackett 502/564-5279 x4446	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	·
	GY UUT	Lump Sum
Description/Fund Source of Awar		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	<b>☑Quarterly</b>
Master Agreement Number:	N/A	Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$16000		
Award Amount. \$10000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
July 1, 2024 Julie 30, 2023	<u> </u>	
Consortia/Partnership Members:	N/A Our	
Consortia, rai thership iviembers.	Commonwoolth	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
	sion of Budget & Financial Management	
Divis	Stori of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Metcalfe County Board of Education	⊠State
Street Address:	709 West Stockton St	□Federal
City, State, Zip:	Edmonton, KY 42129	$\square$ Other:
KDE Contact Information	Metcalfe County Board of Education 709 West Stockton St Edmonton, KY 42129  Jim Tackett 502/564-5279 x4446	
	lim Tackett F02/F64 F270 v4446	
Program Consultant: Phone # Street Address:	Jim Tackett 502/564-5279 x4446 300 Sower Blvd	Method of Payment
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	☐ Federal Cash Request
Street Address:	300 Sower Blvd	
City, State Zip:	Frankfort, KY 40601	☐Automatic Payment
City, State Zip.	Fidikioit, ki 40001	□Lump Sum
<b>Description/Fund Source of Awai</b>	rd and Fiscal Year:	☐ Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	□Monthly
MUNIS Project Number:	13JL	⊠Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		☑ Electronic Submission CDIP
		Other:
Award Amount: \$14000		
Award Amount. \$14000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our	
Consortia/Partnership Members:	: N/A	
	Commonwealth A	
Authorized By (Name, Title): Ter	i Mason, Budget Branch Date: April 22, 2025	
Div	ision of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:	
Agency Name:	Monroe County Board of Education	⊠State	
Street Address:	308 Emberton St	□Federal	
City, State, Zip:	Monroe County Board of Education 308 Emberton St Tompkinsville, KY 42167  Jim Tackett 502/564-5279 x4446	□Other:	
<b>KDE Contact Information</b>			
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment	
Street Address:	300 Sower Blvd	Federal Cash Request	
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	Expenditure Reimbursement	
Street Address:	300 Sower Blvd		
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment	
		Lump Sum	
<b>Description/Fund Source of Awar</b>		Receipt of Invoice from Vendor	
Description:	Automated External Defibrillators grant		
Fund Source:	State General Funds	Reimbursement Frequency:	
CFDA#:	N/A	Monthly	
MUNIS Project Number:	13JL	<b>☑Quarterly</b>	
Master Agreement Number:	N/A	Other:	
Cuent Authority (Course)			
Grant Authority (Source):		Financial Reporting Method:	
24 RS HB 1			
		□Other:	
Award Amount: \$22000			
		Evaluations:	
Period of Award:			
July 1, 2024-June 30, 2025			
	Our		
Consortia/Partnership Members:	N/A		
	Commonwealth A		
Authorized By (Name, Title): Ter	i Mason, Budget Branch Date: April 22, 2025		
Div	ision of Budget & Financial Management		
	Education		

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:	
KDE Contact Information	Morgan County Board of Education 155 University Dr West Liberty, KY 41472  Jim Tackett 502/564-5279 x4446		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment	
Street Address:	300 Sower Blvd	Federal Cash Request	
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	·	
Street Address:	300 Sower Blvd	⊠Expenditure Reimbursement	
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment	
	as our	Lump Sum	
<b>Description/Fund Source of Awar</b>		Receipt of Invoice from Vendor	
Description:	Automated External Defibrillators grant		
Fund Source:	State General Funds	Reimbursement Frequency:	
CFDA#:	N/A	Monthly	
MUNIS Project Number:	13JL	□ Quarterly     □	
Master Agreement Number:	N/A	Other:	
Crant Authority (Source)			
Grant Authority (Source): 24 RS HB 1		Financial Reporting Method:	
24 KS HB 1			
		□Other:	
Award Amount: \$14000			
		Evaluations:	
Period of Award:			
July 1, 2024-June 30, 2025			
	Our		
Consortia/Partnership Members:	N/A		
	Commonwealth A		
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025		
Divi	sion of Budget & Financial Management		
	Education		

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 Independent Board of Education 208 S 13th St Murray, KY 42071  Jim Tackett 502/564-5279 x4446	☐Other:
<b>KDE Contact Information</b>		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	·
	(S) OUI	Lump Sum
Description/Fund Source of Awar		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	☑Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		Other:
Award Amount: \$20000		
Award Amount: \$20000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
July 1, 2024 Julie 30, 2023	<u> </u>	
Consortia/Partnership Members:	N/A Our	
Consortia/Farthership Members.	Commonvesolth	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
	sion of Budget & Financial Management	
DIVIS	Sion of budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Nelson County Board of Education	⊠State
Street Address:	288 Wildcat Ln	□Federal
City, State, Zip:	Bardstown, KY 0	□Other:
KDE Contact Information	Nelson County Board of Education 288 Wildcat Ln Bardstown, KY 0  Jim Tackett 502/564-5279 x4446	
Program Consultant: Phone #		Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	⊠Expenditure Reimbursement
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	□Lump Sum
D		Receipt of Invoice from Vendor
Description/Fund Source of Awar		Receipt of invoice from vendor
Description:	Automated External Defibrillators grant	Reimbursement Frequency:
Fund Source:	State General Funds	Monthly
CFDA#: MUNIS Project Number:	N/A 13JL	
-	N/A	Quarterly  Otherse
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		E: 110 II 00 II 1
24 RS HB 1		Financial Reporting Method:
		☑ Electronic Submission CDIP
		□Other:
Award Amount: \$38000		
		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	()11r	
<b>Consortia/Partnership Members:</b>	N/A	
	Commonwealth A	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
Divi	sion of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Newport Independent Board of Education	⊠State
Street Address:	30 W 8th Street	□Federal
City, State, Zip:	Newport Independent Board of Education 30 W 8th Street Newport, KY 41071  Jim Tackett 502/564-5279 x4446	□Other:
KDE Contact Information		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	·
Street Address:	300 Sower Blvd	Expenditure Reimbursement
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
		☐ Lump Sum
<b>Description/Fund Source of Awa</b>	ard and Fiscal Year:	Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	□ Monthly
MUNIS Project Number:	13JL	<b>☑</b> Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		☑ Electronic Submission CDIP
		□Other:
Aand Aat. \$22000		
Award Amount: \$22000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
July 1, 2024-Julie 30, 2023		
Consortia/Partnership Members	Uur Va	
Consortia/ Partifership Members	Commonstractth	
Authorized By (Name, Title): Te	ri Mason, Budget Branch Date: April 22, 2025	
	vision of Budget & Financial Management	
Div	vision of budget & rinancial ivianagement	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Nicholas County Board of Education	⊠State
Street Address:	395 West Main St	□Federal
City, State, Zip:	Nicholas County Board of Education 395 West Main St Carlisle, KY 40311  Jim Tackett 502/564-5279 x4446	□Other:
<b>KDE Contact Information</b>	18	
Program Consultant: Phone #		Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	⊠Expenditure Reimbursement
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	
	(s) Our	Lump Sum
Description/Fund Source of Awar		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	Monthly
MUNIS Project Number:	13JL	□ Quarterly
Master Agreement Number:	N/A	Other:
Crant Authority (Source)		
Grant Authority (Source): 24 RS HB 1		Financial Reporting Method:
24 K5 HB 1		
		Other:
Award Amount: \$26000		
7.11.01.11.		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	()11t	
Consortia/Partnership Members:	N/A	
	Commonwealth A	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
Consortia/Partnership Members: Authorized By (Name, Title): Teri	Commonwealth A	

Name and Address of Recipient		Fund Type:
Agency Name:	Owen County Board of Education	⊠State
Street Address:	1600 Hwy 22 E	□Federal
City, State, Zip:	Owen County Board of Education 1600 Hwy 22 E Owenton, KY 40359  Jim Tackett 502/564-5279 x4446	$\square$ Other:
KDE Contact Information		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	□Lump Sum
Description/Fund Source of Awa	ard and Fiscal Vear:	Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	These per of invoice in our veridor
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	□ Monthly
MUNIS Project Number:	13JL	<b>⊠Q</b> uarterly
Master Agreement Number:	N/A	Other:
Waster Agreement Warnser.		Dottler.
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		⊠ Electronic Submission CDIP
		Other:
		□otner.
Award Amount: \$4000		Evaluations:
		Evaluations.
Period of Award:		
July 1, 2024-June 30, 2025	0.40	
	Our	
Consortia/Partnership Members	:: N/A	
	Commonwealth	
Authorized By (Name, Title): Te	· ·	
DIN	vision of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Owsley County Board of Education	⊠State
Street Address:	14 Old KY 11	□Federal
City, State, Zip:	Owsley County Board of Education 14 Old KY 11 Booneville, KY 0  Jim Tackett 502/564-5279 x4446	□Other:
KDE Contact Information		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	-
Street Address:	300 Sower Blvd	⊠Expenditure Reimbursement
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
	gy Uur	☐Lump Sum
<b>Description/Fund Source of Award</b>		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	<b>☑Q</b> uarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$22000		
Award Amount: \$22000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
3diy 1, 2024 3dile 30, 2023	Our	
Consortia/Partnership Members:	N/A	
consortia, rarenersing members.	Commonwoolth	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
	ion of Budget & Financial Management	
5.013	non or budget & Financial Municipalities	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Paris Independent Board of Education	⊠State
Street Address:	310 W Seventh St	□Federal
City, State, Zip:	Paris, KY 40361	□Other:
KDE Contact Information	Paris Independent Board of Education 310 W Seventh St Paris, KY 40361 Jim Tackett 502/564-5279 x4446	LA-
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Mathad of Daymout
Street Address:	300 Sower Blvd	
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	☐ Federal Cash Request
Street Address:	300 Sower Blvd	
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
	Olir N	Lump Sum
<b>Description/Fund Source of Awa</b>	ard and Fiscal Year:	Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	□ Monthly
MUNIS Project Number:	13JL	
Master Agreement Number:	N/A	□ <mark>Oth</mark> er:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$6000		
Awara Amounti 90000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our	
Consortia/Partnership Member	s: N/A	
	Commonweal	th American
Authorized By (Name, Title): Te	eri Mason, Budget Branch Date:	April 22, 2025
• • • • •	vision of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Pendleton County Board of Education	⊠State
Street Address:	2525 Hwy 27 N	□Federal
City, State, Zip:	Pendleton County Board of Education 2525 Hwy 27 N Falmouth, KY 41040  Jim Tackett 502/564-5279 x4446	□Other:
KDE Contact Information		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	•
	CY UUT	□Lump Sum
<b>Description/Fund Source of Award</b>		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	<b>☑Q</b> uarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		☑ Electronic Submission CDIP
		□Other:
Award Amazunti 68000		
Award Amount: \$8000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
July 1, 2024-Julie 30, 2023	0110	
Consortia/Partnership Members:	N/A Our	
Consortia/Farthership Members.	Commonyyoolth	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
	sion of Budget & Financial Management	
Divis	oloff of budget & Fillaticial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Perry County Board of Education	⊠State
Street Address:	315 Park Ave	□Federal
City, State, Zip:	Perry County Board of Education 315 Park Ave Hazard, KY 41701  Jim Tackett 502/564-5279 x4446	$\square$ Other:
<b>KDE Contact Information</b>	C	
Program Consultant: Phone #		Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	⊠Expenditure Reimbursement
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	·
	CALL OUR	Lump Sum
Description/Fund Source of Awa		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	Monthly
MUNIS Project Number:	13JL	□ Quarterly
Master Agreement Number:	N/A	Other:
Count Authority (County)		
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$14000		
Awaru Amount. \$14000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
34., 2, 202 : 34 35, 2023	Our	
Consortia/Partnership Members	· N/A	
Consortiu, rantineromp memocra	Commonwoolth	
Authorized By (Name, Title): Ter	i Mason, Budget Branch Date: April 22, 2025	
	ision of Budget & Financial Management	
5.0	ision of Budget & Financial Management	
	Education	
	4 Ullar	

	Fund Type:
Pike County Board of Education	⊠State
316 South Mayo Trail	□Federal
Pikeville, KY 41501	☐Other:
Jim Tackett 502/564-5279 x4446	Method of Payment
300 Sower Blvd	Federal Cash Request
Teri Mason 502/564-1979 x4344	·
300 Sower Blvd	
Frankfort, KY 40601	☐ Automatic Payment
	Lump Sum
	Receipt of Invoice from Vendor
	Reimbursement Frequency:
	□ Monthly
13JL	<b>☑Q</b> uarterly
N/A	□Other:
	Financial Reporting Method:
	□Other:
	Evaluations:
N/A	
Commonwoolth	
Mason Budget Branch Office Office April 22, 2025	
Sion of Buuget & Financial Management	
Edward	
queau	
	316 South Mayo Trail Pikeville, KY 41501  Jim Tackett 502/564-5279 x4446 300 Sower Blvd Teri Mason 502/564-1979 x4344 300 Sower Blvd Frankfort, KY 40601  d and Fiscal Year: Automated External Defibrillators grant State General Funds N/A 13JL

Name and Address of Recipient		Fund Type:
Agency Name:	Pineville Independent Board of Education	⊠State
Street Address:	401 Virginia Ave	☐ Federal
City, State, Zip:	Pineville Independent Board of Education 401 Virginia Ave Pineville, KY 40977  Jim Tackett 502/564-5279 x4446	$\square$ Other:
<b>KDE Contact Information</b>		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	□ Automatic Payment
City, State Zip:	Frankfort, KY 40601	
	CAN CUIT	Lump Sum
Description/Fund Source of Awa		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	Monthly
MUNIS Project Number:	13JL	⊠Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		
24 RS HB 1		Financial Reporting Method:
24 K3 FID 1		
		□Other:
Award Amount: \$6000		
, and a famount posses		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our	
Consortia/Partnership Members	s: N/A	
	Commonwealth A	
Authorized By (Name, Title): Te	ri Mason, Budget Branch Date: April 22, 2025	
	vision of Budget & Financial Management	
	Education	
	- Cac	

Name and Address of Recipient		Fund Type:
Agency Name:	Powell County Board of Education	⊠State
Street Address:	691 Breckinridge St	□Federal
City, State, Zip:	Powell County Board of Education 691 Breckinridge St Stanton, KY 40380  Jim Tackett 502/564-5279 x4446	☐ Other:
KDE Contact Information	u = 1 u = 20/5 c = 5072	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	⊠Expenditure Reimbursement
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	□Lump Sum
Description/Fund Source of Awa	rd and Eiceal Years	☐ Receipt of Invoice from Vendor
-		Theceipt of invoice from vendor
Description: Fund Source:	Automated External Defibrillators grant State General Funds	Reimbursement Frequency:
CFDA#:	N/A	□ Monthly
MUNIS Project Number:	13JL	<b>☑Quarterly</b>
Master Agreement Number:	N/A	Other:
Waster Agreement Number.	NA	□ottler.
Grant Authority (Source):		Financial Paparting Methods
24 RS HB 1		Financial Reporting Method:
		⊠ Electronic Submission CDIP
		□Other:
Award Amount: \$12000		- 4 "
		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our	
Consortia/Partnership Members	: N/A	
	Commonwealth A	
Authorized By (Name, Title): Te	· · · · · · · · · · · · · · · · · · ·	
Div	rision of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Pulaski County Board of Education	⊠State
Street Address:	925 N Main Street	□Federal
City, State, Zip:	Pulaski County Board of Education 925 N Main Street Somerset, KY 42503  Jim Tackett 502/564-5279 x4446	$\square$ Other:
KDE Contact Information		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	⊠ Expenditure Reimbursement
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	□Lump Sum
Description/Fund Source of Awa	and and Eigen Venu	Receipt of Invoice from Vendor
		Theceipt of invoice from vendor
Description: Fund Source:	Automated External Defibrillators grant State General Funds	Reimbursement Frequency:
CFDA#:	N/A	□ Monthly
MUNIS Project Number:	13JL	<b>⊠</b> Quarterly
Master Agreement Number:	N/A	Other:
Waster Agreement Number.	N/A	Dottler.
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		☑ Electronic Submission CDIP
		□Other:
Award Amount: \$26000		Facility All and a second seco
		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our	
Consortia/Partnership Members	s: N/A	
	Commonwealth A	
Authorized By (Name, Title): Te	· · · · · · · · · · · · · · · · · · ·	
Div	vision of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Raceland-Worthington Independent Board of Education	⊠State
Street Address:	100 Ram Blvd	□Federal
City, State, Zip:	Raceland-Worthington Independent Board of Education 100 Ram Blvd Raceland, KY 41169  Jim Tackett 502/564-5279 x4446	☐Other:
KDE Contact Information		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	Expenditure Reimbursement
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	·
		Lump Sum
Description/Fund Source of Awa		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	□ Monthly
MUNIS Project Number:	13JL	⊠Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		☑ Electronic Submission CDIP
		Other:
Award Amount: \$86000		
		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our	
Consortia/Partnership Members	s: N/A	
	Commonwealth A	
Authorized By (Name, Title): Te	ri Mason, Budget Branch Date: April 22, 2025	
Div	vision of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Robertson County Board of Education	⊠State
Street Address:	1762 Sardis Rd	□Federal
City, State, Zip:	Robertson County Board of Education 1762 Sardis Rd Mount Olivet, KY 41064  Jim Tackett 502/564-5279 x4446	□Other:
<b>KDE Contact Information</b>		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
<u>.</u>	Grand Control of the	□Lump Sum
<b>Description/Fund Source of Awar</b>		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	Monthly
MUNIS Project Number:	13JL	<b>☑Quarterly</b>
Master Agreement Number:	N/A	Other:
Count Authority (County)		
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		Other:
Award Amount: \$10000		
7		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our	
Consortia/Partnership Members:	N/A	
	Commonwealth A	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
Divi	sion of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Rockcastle County Board of Education	⊠State
Street Address:	245 Richmond St	□Federal
City, State, Zip:	Rockcastle County Board of Education 245 Richmond St Mount Vernon, KY 0  Jim Tackett 502/564-5279 x4446	$\square$ Other:
KDE Contact Information	U	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	□Lump Sum
Description/Fund Source of Awa	and Fiscal Vear	☐ Receipt of Invoice from Vendor
-		Theceipt of invoice from vendor
Description: Fund Source:	Automated External Defibrillators grant State General Funds	Reimbursement Frequency:
CFDA#:	N/A	□ Monthly
MUNIS Project Number:	13JL	<b>⊠Q</b> uarterly
Master Agreement Number:	N/A	Other:
Waster Agreement Number.	N/A	Dottler.
Grant Authority (Source):		Financial Paparting Mothods
24 RS HB 1		Financial Reporting Method:
		⊠ Electronic Submission
		□Other:
Award Amount: \$18000		
		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our A	
Consortia/Partnership Members	s: N/A	
	Commonwealth A	
Authorized By (Name, Title): Te	· ·	
Div	vision of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Rowan County Board of Education	⊠State
Street Address:	551 Viking Dr	□Federal
City, State, Zip:	Morehead, KY 0	□Other:
KDE Contact Information	Rowan County Board of Education 551 Viking Dr Morehead, KY 0  Jim Tackett 502/564-5279 x4446	
Program Consultant: Phone #		Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	·
	(s) Our	Lump Sum
Description/Fund Source of Awar		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	Monthly
MUNIS Project Number:	13JL	□ Quarterly     □
Master Agreement Number:	N/A	□Other:
Current Acath a situa (Carana a)		
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$32000		
Awara Amount. \$52000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
· · · · · · · · · · · · · · · · · · ·	Our	
Consortia/Partnership Members:	N/A	
	Commonwoolth	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
	sion of Budget & Financial Management	
2	Son of Budget a Financial Internation	
	Education	
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Name and Address of Recipient		Fund Type:
Agency Name:	Russell County Board of Education	⊠State
Street Address:	404 South Main St	□Federal
City, State, Zip:	Russell County Board of Education 404 South Main St Jamestown, KY 42629  Jim Tackett 502/564-5279 x4446	□Other:
WD5.0		
KDE Contact Information	u	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	□Lump Sum
Description /Fund Course of Aug		Receipt of Invoice from Vendor
Description/Fund Source of Awa		Theceipt of invoice from vehiclor
Description:	Automated External Defibrillators grant	Poimburgament Fraguency
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	Monthly
MUNIS Project Number:	13JL	
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		
24 RS HB 1		Financial Reporting Method:
24 K3 FIB 1		
		□Other:
Award Amount: \$24000		
/		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Our	
Consortia/Partnership Member	s: N/A	
	Commonweg	1+4
Authorized By (Name, Title): Te	eri Mason, Budget Branch	te: April 22, 2025
• • • • •	vision of Budget & Financial Management	, p, = , = 0 = 0
	Educati	

Name and Address of Recipient		Fund Type:
Agency Name:	Russell Independent Board of Education	⊠State
Street Address:	908 Powell Ln	□Federal
City, State, Zip:	Russell Independent Board of Education 908 Powell Ln Flatwoods, KY 41139  Jim Tackett 502/564-5279 x4446	$\square$ Other:
KDE Contact Information	C.	
Program Consultant: Phone #		Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	·
	rsyll Our	☐ Lump Sum
Description/Fund Source of Aw		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	
Master Agreement Number:	N/A	Other:
Court Authority (Court		
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$10000		
Award Amount. 910000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
, _, ,	Our	
Consortia/Partnership Member	s: N/A	
Consortia, and the samp in consec	Commonwoolth	
Authorized By (Name, Title): Te	eri Mason, Budget Branch Date: April 22, 2025	
	vision of Budget & Financial Management	
5.	Wision of Buuget & Financial Munugement	
	Education	
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Name and Address of Recipient		Fund Type:
Agency Name:	Scott County Board of Education	⊠State
Street Address:	2168 Frankfort Pk	□Federal
City, State, Zip:	Georgetown, KY 40324	□Other:
KDE Contact Information	Scott County Board of Education 2168 Frankfort Pk Georgetown, KY 40324  Jim Tackett 502/564-5279 x4446	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	
Street Address:	300 Sower Blvd	Method of Payment
Budget Contact: Phone #		☐ Federal Cash Request
Street Address:	Teri Mason 502/564-1979 x4344 300 Sower Blvd	
		☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	□Lump Sum
<b>Description/Fund Source of Awa</b>	rd and Fiscal Year:	☐ Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	<b>⊠Q</b> uarterly
Master Agreement Number:	N/A	Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		☑ Electronic Submission CDIP
		□Other:
Award Amount: \$44000		
Awaru Amount. 344000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
July 2, 202 : Julie 30, 2020	Our	
Consortia/Partnership Members	: N/A	
, , , , , , , , , , , , , , , , , , , ,	Commonwealth	
Authorized By (Name, Title): Ter	i Mason, Budget Branch Date: April 22, 2025	
	ision of Budget & Financial Management	
	Education	

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 40065	□Other:
KDE Contact Information	Shelby County Board of Education 1155 W Main St Shelbyville, KY 40065 Jim Tackett 502/564-5279 x4446	46-
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Marthad of Daywood
Street Address:	300 Sower Blvd	
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	☐ Federal Cash Request
Street Address:	300 Sower Blvd	
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
		□Lump Sum
Description/Fund Source of Awa	ard and Fiscal Year:	Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	<b>☑ Q</b> uarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$66000		
Awara Amount: 900000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our	
Consortia/Partnership Member	s: N/A	
	Commonwea	1th
Authorized By (Name, Title): Te	eri Mason, Budget Branch Dat	e: April 22, 2025
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	Educati	

Name and Address of Recipient		Fund Type:
Agency Name:	Somerset Independent Board of Education	⊠State
Street Address:	305 College St	□Federal
City, State, Zip:	Somerset, KY 42501	□Other:
KDE Contact Information	Somerset Independent Board of Education 305 College St Somerset, KY 42501  Jim Tackett 502/564-5279 x4446	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	·
	CALL OUR	Lump Sum
Description/Fund Source of Awar		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	Monthly
MUNIS Project Number:	13JL	□ Quarterly
Master Agreement Number:	N/A	Other:
0 10 11 11 10		
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$2000		
Award Amount: \$2000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
341, 1, 202 i 34110 30, 2023	Our	
Consortia/Partnership Members:	N/A	
consortia, rai thersing intermsers.	Commonwoolth	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
	sion of Budget & Financial Management	
5101.	Son of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Spencer County Board of Education	⊠State
Street Address:	110 Reasor Ave	□Federal
City, State, Zip:	Taylorsville, KY 40071	□Other:
KDE Contact Information	Spencer County Board of Education 110 Reasor Ave Taylorsville, KY 40071  Jim Tackett 502/564-5279 x4446	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
	or Utir	☐ Lump Sum
Description/Fund Source of Awar		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	<b>☑</b> Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		☑ Electronic Submission CDIP
		□Other:
Award Amounts \$14000		
Award Amount: \$14000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
July 1, 2024-Julie 30, 2023	Our Our	
Consortia/Partnership Members:	N/A	
Consortia/ Fai thership Members.	Commonyyoolth	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
	sion of Budget & Financial Management	
DIVI	Sion of budget & rindicial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Taylor County Board of Education	⊠State
Street Address:	1209 E Broadway	□Federal
City, State, Zip:	Taylor County Board of Education 1209 E Broadway Campbellsville, KY 0  Jim Tackett 502/564-5279 x4446	☐ Other:
KDE Contact Information		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	⊠Expenditure Reimbursement
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	□Lump Sum
Description/Fund Source of Awa	rd and Eiceal Years	☐ Receipt of Invoice from Vendor
-		Theceipt of invoice from vendor
Description: Fund Source:	Automated External Defibrillators grant State General Funds	Reimbursement Frequency:
CFDA#:	N/A	□ Monthly
MUNIS Project Number:	13JL	<b>☑Quarterly</b>
Master Agreement Number:	N/A	Other:
Waster Agreement Number.	NA	□ottler.
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		⊠ Electronic Submission CDIP     □ College     □
		□Other:
Award Amount: \$12000		- 4 "
		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our	
Consortia/Partnership Members	: N/A	
	Commonwealth A	
Authorized By (Name, Title): Ter	· · ·	
Div	rision of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Todd County Board of Education	⊠State
Street Address:	205 Airport Rd	□Federal
City, State, Zip:	Elkton, KY 42220	☐Other:
KDE Contact Information	Todd County Board of Education 205 Airport Rd Elkton, KY 42220  Jim Tackett 502/564-5279 x4446	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	
Street Address:	300 Sower Blvd	Method of Payment
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	☐ Federal Cash Request
Street Address:	300 Sower Blvd	
City, State Zip:	Frankfort, KY 40601	☐Automatic Payment
City, State Zip.	Transfort, K1 40001	☐Lump Sum
<b>Description/Fund Source of Awa</b>	ard and Fiscal Year:	☐ Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	□Monthly
MUNIS Project Number:	13JL	☑Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		☑ Electronic Submission CDIP
		Other:
Award Amount: \$4000		
Award Amount: \$4000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
.,,,	Our	
Consortia/Partnership Member	s: N/A	
	Commonwealth A	
Authorized By (Name, Title): Te	ri Mason, Budget Branch Date: April 22, 2025	
Di	vision of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Trigg County Board of Education	⊠State
Street Address:	202 Main St	□Federal
City, State, Zip:	Cadiz, KY 42211	□Other:
KDE Contact Information	Trigg County Board of Education 202 Main St Cadiz, KY 42211  Jim Tackett 502/564-5279 x4446	4/8
	Jim Tackett 502/564-5279 x4446	
Program Consultant: Phone # Street Address:	300 Sower Blvd	Method of Payment
	Teri Mason 502/564-1979 x4344	☐ Federal Cash Request
Budget Contact: Phone # Street Address:	300 Sower Blvd	
		☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	□Lump Sum
Description/Fund Source of Awa	ard and Fiscal Year:	Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	□Monthly
MUNIS Project Number:	13JL	<b>Quarterly</b>
Master Agreement Number:	N/A	Other:
0		
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		<b>⊠Electronic Submission CDIP</b>
		Other:
		Liother.
Award Amount: \$6000		Evaluations:
Period of Award:		Evaluations.
July 1, 2024-June 30, 2025	Oun	
Compositio / Double cushing Manushau	Our	
Consortia/Partnership Member	S: N/A	-141
Authorized Du (Nove Title). To	Commonwe	And 22 2025
Authorized By (Name, Title): Te	vision of Budget & Financial Management	Pate: April 22, 2025
Di	vision of budget & rinancial ivialiagement	
	Educati	
	au car	

Name and Address of Recipient		Fund Type:
Agency Name:	Union County Board of Education	⊠State
Street Address:	4500 US Highway 60 W	□Federal
City, State, Zip:	Union County Board of Education 4500 US Highway 60 W Morganfield, KY 42437  Jim Tackett 502/564-5279 x4446	□Other:
<b>KDE Contact Information</b>		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	
	Transfer Our	□Lump Sum
Description/Fund Source of Aw		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	Monthly
MUNIS Project Number:	13JL	⊠Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		
24 RS HB 1		Financial Reporting Method:
24 1/3 1/10 1		
		□Other:
Award Amount: \$16000		
		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our	
Consortia/Partnership Member	rs: N/A	
	Commonwealth	
Authorized By (Name, Title): Te	· ·	, 2025
Di	ivision of Budget & Financial Management	
	Contraction of	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Walton-Verona Independent Board of Education	⊠State
Street Address:	16 School Rd	□Federal
City, State, Zip:	Walton-Verona Independent Board of Education 16 School Rd Walton, KY 41094  Jim Tackett 502/564-5279 x4446	□Other:
KDE Contact Information		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	□ Expenditure Reimbursement
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
	Grand Ulif	Lump Sum
<b>Description/Fund Source of Awar</b>	d and Fiscal Year:	Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	⊠Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$10000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025	$\Omega$	
Consortio /Doute suchin Manch and	Our	
Consortia/Partnership Members:	Common 14h	
Analysis of Decision Tales. Tales	Commonwealth 22 2025	
Authorized By (Name, Title): Ter		
DIV	sion of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Washington County Board of Education	⊠State
Street Address:	120 Mackville Hill	□Federal
City, State, Zip:	Springfield, KY 40069	□Other:
KDE Contact Information	Washington County Board of Education 120 Mackville Hill Springfield, KY 40069  Jim Tackett 502/564-5279 x4446	446-
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Marked of Daywood
Street Address:	300 Sower Blvd	monou or ruymom
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	☐ Federal Cash Request
Street Address:	300 Sower Blvd	⊠Expenditure Reimbursement
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
	War Our	□Lump Sum
<b>Description/Fund Source of Awa</b>		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$10000		
Awara Amount. 910000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
, ,	Our	
Consortia/Partnership Member	s: N/A	
	Commonwe	olth American
Authorized By (Name, Title): Te	eri Mason, Budget Branch	<b>Pate:</b> April 22, 2025
	vision of Budget & Financial Management	
	A LIMP ALL	
	Educati	

Name and Address of Recipient		Fund Type:
Agency Name:	Wayne County Board of Education	⊠State
Street Address:	150 Cardinal Way	□Federal
City, State, Zip:	Monticello, KY 42633	☐Other:
KDE Contact Information	Wayne County Board of Education 150 Cardinal Way Monticello, KY 42633  Jim Tackett 502/564-5279 x4446	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	
Street Address:	300 Sower Blyd	Method of Payment
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	☐ Federal Cash Request
Street Address:	300 Sower Blvd	
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	03 ()11t	☐Lump Sum
<b>Description/Fund Source of Awa</b>	ard and Fiscal Year:	Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	<b>⊠Q</b> uarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		
		□Other:
Award Amount: \$10000		
Award Amount: \$10000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
, ,	Our	
Consortia/Partnership Members	s: N/A	
•	Commonwealth	
Authorized By (Name, Title): Te	ri Mason, Budget Branch Date: April 22, 20	25
	vision of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Webster County Board of Education	⊠State
Street Address:	28 SR 1340	□Federal
City, State, Zip:	Webster County Board of Education 28 SR 1340 Dixon, KY 42409  Jim Tackett 502/564-5279 x4446	□Other:
<b>KDE Contact Information</b>	C	
Program Consultant: Phone #		Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	⊠ Expenditure Reimbursement
Street Address:	300 Sower Blvd	☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	□ Lump Sum
5 · · · · /5 · · · ·		Receipt of Invoice from Vendor
Description/Fund Source of Awa		Receipt of invoice from vendor
Description:	Automated External Defibrillators grant	Reimburgenest Francisco
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	Monthly
MUNIS Project Number:	13JL	⊠Quarterly
Master Agreement Number:	N/A	□ Other:
Grant Authority (Source):		
24 RS HB 1		Financial Reporting Method:
24 ((3) (16) 1		
		□Other:
Award Amount: \$16000		
		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our	
Consortia/Partnership Members	s: N/A	
	Commonwealth A	
Authorized By (Name, Title): Te	eri Mason, Budget Branch Date: April 22, 20	25
Di	vision of Budget & Financial Management	
	Education	
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Name and Address of Recipient		Fund Type:
Agency Name:	Williamsburg Independent Board of Education	⊠State
Street Address:	1000 Main St	□Federal
City, State, Zip:	Williamsburg Independent Board of Education 1000 Main St Williamsburg, KY 40769  Jim Tackett 502/564-5279 x4446	□Other:
<b>KDE Contact Information</b>		
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	Federal Cash Request
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	
Street Address:	300 Sower Blvd	Expenditure Reimbursement
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
	Carlo Cur	Lump Sum
Description/Fund Source of Awa		Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	Monthly
MUNIS Project Number:	13JL	□ Quarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		
24 RS HB 1		Financial Reporting Method:
24 1/3 1/10 1		☑ Electronic Submission CDIP
		Other:
Award Amount: \$2000		
		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
	Our	
<b>Consortia/Partnership Members</b>	: N/A	
	Commonwealth A	
Authorized By (Name, Title): Ter	i Mason, Budget Branch Date: April 22, 2025	
Div	ision of Budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Williamstown Independent Board of Education	⊠State
Street Address:	300 Helton St	□Federal
City, State, Zip:	Williamstown, KY 0	□Other:
KDE Contact Information	Williamstown Independent Board of Education 300 Helton St Williamstown, KY 0  Jim Tackett 502/564-5279 x4446	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Mathad of Daymont
Street Address:	300 Sower Blvd	Method of Payment
Budget Contact: Phone #	Teri Mason 502/564-1979 x4344	☐ Federal Cash Request
Street Address:	300 Sower Blvd	⊠ Expenditure Reimbursement
City, State Zip:	Frankfort, KY 40601	☐ Automatic Payment
/	or Ulir	Lump Sum
<b>Description/Fund Source of Award</b>	d and Fiscal Year:	Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	☐ Monthly
MUNIS Project Number:	13JL	<b>☑ Q</b> uarterly
Master Agreement Number:	N/A	□Other:
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		<b>⊠</b> Electronic Submission <b>CDIP</b>
		□Other:
Account Amount COOO		
Award Amount: \$8000		Evaluations:
Period of Award:		
July 1, 2024-June 30, 2025		
July 1, 2024-Julie 30, 2025		
Consortia/Partnership Members:	N/A Our	
Consortia/ Farthership Members.	Commonwoolth	
Authorized By (Name, Title): Teri	Mason, Budget Branch Date: April 22, 2025	
	sion of Budget & Financial Management	
Divis	Sion of budget & Financial Management	
	Education	

Name and Address of Recipient		Fund Type:
Agency Name:	Board of Education	⊠State
Street Address:		□Federal
City, State, Zip:	, KY	□Other:
KDE Contact Information	Board of Education , KY  Jim Tackett 502/564-5279 x4446	4/6
	lim Tookott 502/564 5270 v4446	
Program Consultant: Phone #	Jim Tackett 502/564-5279 x4446	Method of Payment
Street Address:	300 Sower Blvd	☐ Federal Cash Request
Budget Contact: Phone # Street Address:	Teri Mason 502/564-1979 x4344 300 Sower Blvd	
		☐ Automatic Payment
City, State Zip:	Frankfort, KY 40601	□Lump Sum
Description/Fund Source of Awa	ard and Fiscal Year:	Receipt of Invoice from Vendor
Description:	Automated External Defibrillators grant	
Fund Source:	State General Funds	Reimbursement Frequency:
CFDA#:	N/A	□Monthly
MUNIS Project Number:	13JL	<b>⊠Q</b> uarterly
Master Agreement Number:	N/A	□ Other:
8		
Grant Authority (Source):		Financial Reporting Method:
24 RS HB 1		<b>⊠</b> Electronic Submission <b>CDIP</b>
		Other:
		<u> Lother.</u>
Award Amount: \$1986000		Evaluations:
Davied of Assert		Evaluations.
Period of Award:		
July 1, 2024-June 30, 2025	044	
Consortio / Doute anabia Mary hou	Our	
Consortia/Partnership Member	S: N/A	141
Authorized By (Name Title). To	wi Mason Budget Bronch OMMONWEA	2. April 22, 2025
Authorized By (Name, Title): Te	eri Mason, Budget Branch Dat vision of Budget & Financial Management	e: April 22, 2025
Di	vision of Budget & Financial Management	
	Educati	
	au Cau	