Action Number:	1			
Name and Address of Recipient:			Fund	d Туре:
Agency Name:	Adair County			State
Street Adress:	1204 Greensburg St.		\boxtimes	Federal
City, State, Zip:	Columbia, KY 42728			Other:
UEI#:	V3KGV5KYN7V4			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities I and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$28,685.00		Other
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$28,685.00	□ Y ⊠ N	· ·es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Allen County			State
Street Adress:	570 Oliver St		\boxtimes	Federal
City, State, Zip:	Scottsville, KY 42164			Other:
UEI#:	KBH7G4LAUHR1			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	10		
Street Address:	300 Sower Blvd, 5 th Floor		Me	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	// /	Rei	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (C	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y		Quarterly
Pass-through Number:	3800002-25	_		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guid		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amoun		\$27,836.00		Other
Previous Cumulative Amoun		0.00	Sub	recipient:
Cumulative Amoun		\$27,836.00	\ 	'es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Anchorage Independent			State
Street Adress:	11400 Ridge Rd		\boxtimes	Federal
City, State, Zip:	Anchorage, KY 40223			Other:
UEI#:	LC26TAM3N8Y5			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4310			
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Reir	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CEIS	S/CCEIS)	\boxtimes	Monthly Control Contro
MOA Number:	N/A	` y .		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilit and CFR 76-77, 80-82 and 108-446 and Uniform Gu		CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amor		\$2,444.00		
Previous Cumulative Amor		0.00		recipient:
Cumulative Amor	unt:	\$2,444.00	□ Y ⊠ M	
Period of Award:	July 1, 2025 to September 30, 2027			

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	d Туре:
Agency Name:	Anderson County			State
Street Adress:	1160 By-pass North		\boxtimes	Federal
City, State, Zip:	Lawrenceburg, KY 40342			Other:
UEI#:	CM91S1J5ZQ58			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43	10		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035		Rein	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (0	CEIS/CCEIS)		Monthly
MOA Number:	N/A	i y L		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidar		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$103,442.00		Other
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$103,442.00	□ Y	· ·es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Ashland Independent			State
Street Adress:	1820 Hickman St		\boxtimes	Federal
City, State, Zip:	Ashland, KY 41101			Other:
UEI#:	SKCLK2K8XXL3			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43	310		
Street Address:	300 Sower Blvd, 5 th Floor		Me	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education	1		
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	201	Rei	Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CEIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	y		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	nncial Reporting Method
Grant Authority (Source): Individuals with Disabiliti and CFR 76-77, 80-82 and 108-446 and Uniform Gu		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amou	unt:	\$43,967.00		
Previous Cumulative Amou	unt:	0.00	Sub	recipient:
Cumulative Amou	unt:	\$43,967.00		
			⊠ !	No
Period of Award:	July 1, 2025 to September 30, 2027			

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Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Augusta Independent			State
Street Adress:	307 Bracken St		\boxtimes	Federal
City, State, Zip:	Augusta, KY 41002			Other:
UEI#:	KTNKYGVJFBH3			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4310	1		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Reir	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CEI	IS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	nncial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guida		CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$9,705.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$9,705.00	□ Y	
Period of Award:	July 1, 2025 to September 30, 2027			

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Ballard County			State
Street Adress:	11 Vocational School Road		\boxtimes	Federal
City, State, Zip:	Barlow, KY 42024			Other:
UEI#:	W69HC6FG8SD3			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	chod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Reir	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	incial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$63,802.00		Other
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$63,802.00	□ Y ⊠ N	· ·es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	d Туре:
Agency Name:	Barbourville Independent			State
Street Adress:	140 School St		\boxtimes	Federal
City, State, Zip:	Barbourville, KY 40906			Other:
UEI#:	Y7V7Q5B334U7			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	// /	Rein	nbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidar		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$12,763.00		Other
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$12,763.00	□ Y ⊠ N	· ·es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	д Туре:
Agency Name:	Bardstown Independent			State
Street Adress:	308 N. Fifth Street		\boxtimes	Federal
City, State, Zip:	Bardstown, KY 40004			Other:
UEI#:	PDC7AM31HNX3			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext	4155		Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-197	'9 Ext 4310		
Street Address:	300 Sower Blvd, 5th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fisc	cal Year			Automatic Payment
Description:	FY26 IDEA Preschool (Section 6	19)		Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Ed	ducation		
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035		Rein	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 3	343MC (CEIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	City L		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Dand CFR 76-77, 80-82 and 108-446 and Unif	Disabilities Education Act, Part B Section 619; form Guidance, 2 CFR § 200.	EDGAR 34 CFR 300,	\boxtimes	Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Awar	rd Amount:	\$30,021.00		
Previous Cumulativ	ve Amount:	0.00	Subi	recipient:
Cumulativ	ve Amount:	\$30,021.00	□ Ye	es
			\boxtimes N	0
Period of Award:	July 1, 2025 to September 30, 2	2027		
	, ,			

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

encumbrances.

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Barren County			State
Street Adress:	600 Trojan Way		\boxtimes	Federal
City, State, Zip:	Glasgow, KY 42141			Other:
UEI#:	GSS1PTEJ5KJ8			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4	1310		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Ye	ear			Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Educatio	n		
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	///	Rein	Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC	(CEIS/CCEIS)		Monthly
MOA Number:	N/A	y		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disab and CFR 76-77, 80-82 and 108-446 and Uniform		R 34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award An	nount:	\$39,917.00		
Previous Cumulative An	nount:	0.00	Sub	recipient:
Cumulative An	nount:	\$39,917.00	□ Y	
			⊠ N	No
Period of Award:	July 1, 2025 to September 30, 2027			

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Bath County			State
Street Adress:	405 West Main St		\boxtimes	Federal
City, State, Zip:	Owingsville, KY 40360			Other:
UEI#:	Z66KSQKYWNA5			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	.0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\/	Reir	Monthly Control of the control of th
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (Cl	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	nncial Reporting Method
Grant Authority (Source): Individuals with Disabilities I and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$32,750.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$32,750.00	□ Y	
			\boxtimes N	NO

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Beechwood Independent			State
Street Adress:	54 Beechwood Rd		\boxtimes	Federal
City, State, Zip:	Fort Mitchell, KY 41017			Other:
UEI#:	LN9TQM1YAD91			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4310)		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ / [Reir	Monthly Control Contro
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	IS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidar		CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$5,873.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$5,873.00	□ Y	
			\boxtimes N	No

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Func	д Туре:
Agency Name:	Bell County			State
Street Adress:	211 Virginia Ave		\boxtimes	Federal
City, State, Zip:	Pineville, KY 40977			Other:
UEI#:	GR4LZBSW3VY6			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43:	10		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Reim	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (C	CEIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	i y L		Quarterly
Pass-through Number:	3800002-25	_		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilitie and CFR 76-77, 80-82 and 108-446 and Uniform Guid		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amoun		\$32,981.00		Other
Previous Cumulative Amour		0.00	Subr	recipient:
Cumulative Amour		\$32,981.00	□ Ye	es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Bellevue Independent			State
Street Adress:	219 Center St		\boxtimes	Federal
City, State, Zip:	Bellevue, KY 41073			Other:
UEI#:	HQJGH23A6QN5			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	.0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/ \ /	Reir	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CI	EIS/CCEIS)	\boxtimes	Monthly Control Contro
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidar		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$25,192.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$25,192.00	□ Y	
			\boxtimes N	No
	1.1.4.2025 to Controller 20, 2027			

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Berea Independent			State
Street Adress:	3 Pirate Pkwy		\boxtimes	Federal
City, State, Zip:	Berea, KY 40403			Other:
UEI#:	LKGPFU1W2QV1			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	10		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (C	EIS/CCEIS)		Monthly Monthly
MOA Number:	N/A	- y		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	nncial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guida		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount		\$11,731.00		
Previous Cumulative Amount	:	0.00	Sub	recipient:
Cumulative Amount	:	\$11,731.00	□ Y	
			\boxtimes N	No

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Boone County			State
Street Adress:	8330 Us 42		\boxtimes	Federal
City, State, Zip:	Florence, KY 41042			Other:
UEI#:	VZQGK6AZJL55			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4	310		
Street Address:	300 Sower Blvd, 5th Floor		Me	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Educatio	n		
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	(1)	Rei	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC	(CEIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	I X y		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilit and CFR 76-77, 80-82 and 108-446 and Uniform Gu		R 34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amor	unt:	\$196,546.00		
Previous Cumulative Amo	unt:	0.00	Sub	recipient:
Cumulative Amor	unt:	\$196,546.00		·
			\boxtimes I	No
Davied of Asserts	July 1, 2025 to Sontombor 20, 2027			

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Bourbon County			State
Street Adress:	3343 Lexington Road		\boxtimes	Federal
City, State, Zip:	Paris, KY 40361			Other:
UEI#:	YJ49WJKCSH23			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43	310		
Street Address:	300 Sower Blvd, 5 th Floor		Me	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A	_		
PR/AWARD NUMBER (FAIN):	H173A250035	// /	Rei	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CEIS/CCEIS)		Monthly
MOA Number:	N/A	ı v		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guid		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amou	nt:	\$39,968.00		
Previous Cumulative Amou	nt:	0.00	Sub	recipient:
Cumulative Amou	nt:	\$39,968.00		
			⊠ 1	No
Daried of Awards	July 1, 2025 to Sontombor 20, 2027			

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Bowling Green Independent			State
Street Adress:	1211 Center St		\boxtimes	Federal
City, State, Zip:	Bowling Green, KY 42101			Other:
UEI#:	ZQDJM4X8CD64			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	.0		
Street Address:	300 Sower Blvd, 5 th Floor		Me	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/ \ /	Rei	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CI	EIS/CCEIS)		Monthly Monthly
MOA Number:	N/A	- y		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guida		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount		\$52,063.00		Other
Previous Cumulative Amount		0.00	Sub	recipient:
Cumulative Amount		\$52,063.00		'es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Boyd County			State
Street Adress:	1104 Bob Mccullough Drive		\boxtimes	Federal
City, State, Zip:	Ashland, KY 41102			Other:
UEI#:	JT83X9MM4MS9			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Reir	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	nncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$45,420.00		Other
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$45,420.00	□ Y ⊠ N	'es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	д Туре:
Agency Name:	Boyle County			State
Street Adress:	101 Citation Drive		\boxtimes	Federal
City, State, Zip:	Danville, KY 40422			Other:
UEI#:	YHSGW1FGQKC7			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$69,250.00		Other
Previous Cumulative Amount:		0.00	Subi	recipient:
Cumulative Amount:		\$69,250.00	□ Ye	es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Bracken County			State
Street Adress:	1048 Bladeston Drive		\boxtimes	Federal
City, State, Zip:	Brooksville, KY 41004			Other:
UEI#:	EMP1VAVK3B35			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Reir	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilities I and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$21,693.00		Other
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$21,693.00	□ Y ⊠ N	es .

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Breathitt County			State
Street Adress:	P.O. Box 750		\boxtimes	Federal
City, State, Zip:	Jackson, KY 41339			Other:
UEI#:	EEEPAJS3SEP5			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43	10		
Street Address:	300 Sower Blvd, 5 th Floor		Me	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A	_		
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rei	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (0	CEIS/CCEIS)		Monthly Monthly
MOA Number:	N/A	·		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilitie and CFR 76-77, 80-82 and 108-446 and Uniform Guid		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amour	nt:	\$82,589.00		
Previous Cumulative Amour	nt:	0.00	Sub	recipient:
Cumulative Amour	nt:	\$82,589.00		
			⊠ 1	No
5				

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Breckinridge County			State
Street Adress:	86 Airport Rd		\boxtimes	Federal
City, State, Zip:	Hardinsburg, KY 40143			Other:
UEI#:	ZT9JJJ5Y2AS2			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	10		
Street Address:	300 Sower Blvd, 5th Floor		Me	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	73.1	Rei	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (C	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guid		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amoun		\$28,598.00		Other
Previous Cumulative Amoun		0.00	Sub	recipient:
Cumulative Amoun		\$28,598.00	 / □ 1 ⊠	res

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Bullitt County			State
Street Adress:	1040 Hwy 44 E		\boxtimes	Federal
City, State, Zip:	Shepherdsville, KY 40165			Other:
UEI#:	UCL6WKNM6XF6			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	10		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	11	Rein	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (Cl	EIS/CCEIS)		Monthly
MOA Number:	N/A	- y		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guid		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amoun		\$95,685.00		Other
Previous Cumulative Amoun		0.00	Sub	recipient:
Cumulative Amoun		\$95,685.00	□ Y ⊠ N	res

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Burgin Independent			State
Street Adress:	140 Danville Rd		\boxtimes	Federal
City, State, Zip:	Burgin, KY 40310			Other:
UEI#:	NE9NN4F1VQB9			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4310)		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Reir	Monthly Control of the control of th
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	IS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y .		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	nncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidar		CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$3,167.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$3,167.00	□ Y	
			\boxtimes N	No

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Butler County			State
Street Adress:	203 N Tyler St		\boxtimes	Federal
City, State, Zip:	Morgantown, KY 42261			Other:
UEI#:	T9M7U8BRCVP5			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4	310		
Street Address:	300 Sower Blvd, 5th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Yea	r			Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education	n		
ALN# (Formerly CFDA No.):	84.173A	_		
PR/AWARD NUMBER (FAIN):	H173A250035	///	Rein	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC	(CEIS/CCEIS)		Monthly
MOA Number:	N/A	7		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabili and CFR 76-77, 80-82 and 108-446 and Uniform G		R 34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amo	ount:	\$32,151.00		
Previous Cumulative Amo	ount:	0.00	Sub	recipient:
Cumulative Amo	ount:	\$32,151.00	□ Y	
			\boxtimes N	No
Period of Award:	July 1, 2025 to September 30, 2027			

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect

Date: July 1, 2025

encumbrances.

Authorized By (Name and Title):

Office of Special Education and Early Learning (OSEEL)

Gretta Hylton, Associate Commissioner

Action Number:	1			
Name and Address of Recipient:			Fund	д Туре:
Agency Name:	Caldwell County			State
Street Adress:	612 W Washington St		\boxtimes	Federal
City, State, Zip:	Princeton, KY 42445			Other:
UEI#:	H3Y4KYYUM5X8			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)		Monthly
MOA Number:	N/A	- 4 -		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$29,122.00		Other
Previous Cumulative Amount:		0.00	Subi	recipient:
Cumulative Amount:		\$29,122.00	□ Y	es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Calloway County			State
Street Adress:	2110 College Farm Rd		\boxtimes	Federal
City, State, Zip:	Murray, KY 42071			Other:
UEI#:	FUW1KXHJ1XS3			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4310	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	chod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Reir	nbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities I and CFR 76-77, 80-82 and 108-446 and Uniform Guidal		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$68,340.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$68,340.00	□ Y	
			⊠ N	lo

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Campbell County			State
Street Adress:	101 Orchard Ln		\boxtimes	Federal
City, State, Zip:	Alexandria, KY 41001			Other:
UEI#:	TUE4BKLAL1N9			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	.0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/ \ /	Reir	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (Cl	EIS/CCEIS)	\boxtimes	Monthly Control of the control of th
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	nncial Reporting Method
Grant Authority (Source): Individuals with Disabilities I and CFR 76-77, 80-82 and 108-446 and Uniform Guidal		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$54,747.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$54,747.00	□ Y	
			× 1	No

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Туре:
Agency Name:	Campbellsville Independent			State
Street Adress:	136 South Columbia Avenue		\boxtimes	Federal
City, State, Zip:	Campbellsville, KY 42718			Other:
UEI#:	HN7DVLX6XBY4			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4310			
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Yo	ear			Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Reir	nbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CEIS	S/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	` y .		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disable and CFR 76-77, 80-82 and 108-446 and Uniform	oilities Education Act, Part B Section 619; EDGAR 34 (Guidance, <u>2 CFR § 200</u> .	CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Ar	mount:	\$36,494.00		Other
Previous Cumulative Ar		0.00	Sub	recipient:
Cumulative Ar		\$36,494.00	□ Y ⊠ N	es
Period of Award:	July 1, 2025 to September 30, 2027			

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

encumbrances.

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Carlisle County			State
Street Adress:	4557 State Route 1377		\boxtimes	Federal
City, State, Zip:	Bardwell, KY 42023			Other:
UEI#:	KCRNL3FFBLB9			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	chod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/ \ /	Reir	nbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CI	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	Y Y		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidar		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$16,096.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$16,096.00	□ Y	
			\boxtimes N	No
5 1 1 4 5				

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	д Туре:
Agency Name:	Carroll County			State
Street Adress:	813 Hawkins St		\boxtimes	Federal
City, State, Zip:	Carrollton, KY 41008			Other:
UEI#:	V2DFULJ1ZZZ5			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- 4 -		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$23,845.00		Other
Previous Cumulative Amount:		0.00	Suhi	recipient:
Cumulative Amount:		\$23,845.00	□ Y	es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Carter County			State
Street Adress:	228 S Carol Malone Blvd		\boxtimes	Federal
City, State, Zip:	Grayson, KY 41143			Other:
UEI#:	GFMRN1EJGXK9			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4310)		
Street Address:	300 Sower Blvd, 5 th Floor		Met	chod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	711	Reir	Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	IS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	incial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guida		1 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount		\$65,700.00		Other
Previous Cumulative Amount		0.00	Sub	recipient:
Cumulative Amount		\$65,700.00	□ Y	•
		•	⊠ N	

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

1			
		Fund	d Туре:
Casey County			State
1922 N Us 127		\boxtimes	Federal
Liberty, KY 42539			Other:
QNJ1CVRLMK38			
		Rese	earch and Development
Karla Miller, 502-564-4970 Ext 4155			Yes
300 Sower Blvd, 4 th Floor		\boxtimes	No
Susan Hazelwood, 502-564-1979 Ext 431	0		
300 Sower Blvd, 5 th Floor		Met	hod of Payment
Frankfort, KY 40601		\boxtimes	Federal Cash Request
			Expenditure Reimbursement
			Automatic Payment
FY26 IDEA Preschool (Section 619)			Lump Sum
July 1, 2025			Receipt of Invoice from Vendor
United States Department of Education			
84.173A			
H173A250035	/\ /	Rein	Monthly Control of the Control of th
343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)		Monthly
N/A	- y -		Quarterly
3800002-25	-		Other:
Indirect Costs 2025-2026			
		Fina	ncial Reporting Method
Education Act, Part B Section 619; EDGAR 3- nce, <u>2 CFR § 200</u> .	4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
			Other
		C I	
			recipient:
	341,243.UU		
		٠١٠ تــ	
	Casey County 1922 N Us 127 Liberty, KY 42539 QNJ1CVRLMK38 Karla Miller, 502-564-4970 Ext 4155 300 Sower Blvd, 4th Floor Susan Hazelwood, 502-564-1979 Ext 431 300 Sower Blvd, 5th Floor Frankfort, KY 40601 FY26 IDEA Preschool (Section 619) July 1, 2025 United States Department of Education 84.173A H173A250035 343M(LEAs), 343MP (Private), 343MC (CI	Casey County 1922 N Us 127 Liberty, KY 42539 QNJ1CVRLMK38 Karla Miller, 502-564-4970 Ext 4155 300 Sower Blvd, 4 th Floor Susan Hazelwood, 502-564-1979 Ext 4310 300 Sower Blvd, 5 th Floor Frankfort, KY 40601 FY26 IDEA Preschool (Section 619) July 1, 2025 United States Department of Education 84.173A H173A250035 343M(LEAs), 343MP (Private), 343MC (CEIS/CCEIS) N/A 3800002-25 Indirect Costs 2025-2026 ducation Act, Part B Section 619; EDGAR 34 CFR 300,	Casey County 1922 N Us 127 Liberty, KY 42539 QNJ1CVRLMK38 Resc Karla Miller, 502-564-4970 Ext 4155 300 Sower Blvd, 4th Floor Susan Hazelwood, 502-564-1979 Ext 4310 300 Sower Blvd, 5th Floor Frankfort, KY 40601 FY26 IDEA Preschool (Section 619) July 1, 2025 United States Department of Education 84.173A H173A250035 343M(LEAs), 343MP (Private), 343MC (CEIS/CCEIS) N/A 3800002-25 Indirect Costs 2025-2026 Gucation Act, Part B Section 619; EDGAR 34 CFR 300, Indirect Costs 2000.

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	d Туре:
Agency Name:	Caverna Independent			State
Street Adress:	1102 N Dixie Hwy		\boxtimes	Federal
City, State, Zip:	Cave City, KY 42127			Other:
UEI#:	G7FQNLT5NSF2			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$24,308.00		Other
Previous Cumulative Amount:		0.00	Subi	recipient:
Cumulative Amount:		\$24,308.00	□ Y	· ·es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Christian County			State
Street Adress:	200 Glass Ave		\boxtimes	Federal
City, State, Zip:	Hopkinsville, KY 42240			Other:
UEI#:	JTQLEJ68MVC7			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43	310		
Street Address:	300 Sower Blvd, 5th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education	ì		
ALN# (Formerly CFDA No.):	84.173A	_		
PR/AWARD NUMBER (FAIN):	H173A250035	73.1	Rein	Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CEIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	1 × y		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guida		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount		\$187,115.00		Other
Previous Cumulative Amount		0.00	Sub	recipient:
Cumulative Amount		\$187,115.00	□ Y □ N	res

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Clark County			State
Street Adress:	1600 W Lexington Ave		\boxtimes	Federal
City, State, Zip:	Winchester, KY 40391			Other:
UEI#:	XUX4JJAB3QY5			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	.0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/ 1	Reir	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (Cl	EIS/CCEIS)	\boxtimes	Monthly Control of the control of th
MOA Number:	N/A	L y L		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	nncial Reporting Method
Grant Authority (Source): Individuals with Disabilities I and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$60,281.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$60,281.00	□ Y	
			⊠ N	No

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Clay County			State
Street Adress:	128 Richmond Road		\boxtimes	Federal
City, State, Zip:	Manchester, KY 40962			Other:
UEI#:	PGK5M65J7A24			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	10		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	73.7	Rein	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (C	EIS/CCEIS)		Monthly Monthly
MOA Number:	N/A	- y		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	nncial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guida		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount		\$89,169.00		
Previous Cumulative Amount	:	0.00	Sub	recipient:
Cumulative Amount	:	\$89,169.00	□ Y	
			\boxtimes N	No
5 1 1 4 1				

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	d Type:
Agency Name:	Clinton County			State
Street Adress:	1273 KY HWY 90 West Ste 103		\boxtimes	Federal
City, State, Zip:	Albany, KY 42602			Other:
UEI#:	N7GGS1QV1M51			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4310	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	chod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	nbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guida		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$27,259.00		Other
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$27,259.00	□ Y ⊠ N	· ·es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Cloverport Independent			State
Street Adress:	301 Poplar Street		\boxtimes	Federal
City, State, Zip:	Cloverport, KY 40111			Other:
UEI#:	EKNMBKKLCDY6			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43	10		
Street Address:	300 Sower Blvd, 5 th Floor		Me	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	///	Rei	Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CEIS/CCEIS)		Monthly
MOA Number:	N/A	y		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabiliti and CFR 76-77, 80-82 and 108-446 and Uniform Gui		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amou	nt:	\$20,197.00		
Previous Cumulative Amou	nt:	0.00	Sub	recipient:
Cumulative Amou	nt:	\$20,197.00		
			⊠ 1	No
Period of Award:	July 1, 2025 to September 30, 2027			

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Corbin Independent			State
Street Adress:	108 Roy Kidd Ave		\boxtimes	Federal
City, State, Zip:	Corbin, KY 40701			Other:
UEI#:	PUJWQQ1GE4L3			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4	310		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education	n		
ALN# (Formerly CFDA No.):	84.173A	_		
PR/AWARD NUMBER (FAIN):	H173A250035	///	Reir	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC	(CEIS/CCEIS)		Monthly
MOA Number:	N/A	y		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabiliti and CFR 76-77, 80-82 and 108-446 and Uniform Gu		R 34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amou	unt:	\$17,604.00		
Previous Cumulative Amou	unt:	0.00	Sub	recipient:
Cumulative Amou	unt:	\$17,604.00	□ Y	
			\boxtimes N	No
Period of Award:	July 1, 2025 to September 30, 2027			

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Covington Independent			State
Street Adress:	25 E Seventh St		\boxtimes	Federal
City, State, Zip:	Covington, KY 41011			Other:
UEI#:	JDGEGMX4PNV5			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4:	310		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education	n		
ALN# (Formerly CFDA No.):	84.173A	_		
PR/AWARD NUMBER (FAIN):	H173A250035	///	Reir	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC	(CEIS/CCEIS)		Monthly
MOA Number:	N/A	y		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disability and CFR 76-77, 80-82 and 108-446 and Uniform Gu		R 34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amou	unt:	\$65,410.00		
Previous Cumulative Amou	unt:	0.00	Sub	recipient:
Cumulative Amou	unt:	\$65,410.00	☐ Y	
			× I	No
Period of Award:	July 1, 2025 to September 30, 2027			

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

encumbrances.

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Crittenden County			State
Street Adress:	601 W Elm Street		\boxtimes	Federal
City, State, Zip:	Marion, KY 42064			Other:
UEI#:	CJ9ED1N2KZA8			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43	10		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Yea	ır			Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A	_		
PR/AWARD NUMBER (FAIN):	H173A250035	///	Rein	Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CEIS/CCEIS)		Monthly
MOA Number:	N/A	7		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabili and CFR 76-77, 80-82 and 108-446 and Uniform G		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amo	ount:	\$17,149.00		
Previous Cumulative Amo	ount:	0.00	Sub	recipient:
Cumulative Amo	ount:	\$17,149.00	□ Y	
			\boxtimes N	No
Period of Award:	July 1, 2025 to September 30, 2027			

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash

Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect

Date: July 1, 2025

Office of Special Education and Early Learning (OSEEL)

Gretta Hylton, Associate Commissioner

Authorized By (Name and Title):

encumbrances.

Action Number:	1			
Name and Address of Recipient:			Fund	д Туре:
Agency Name:	Cumberland County			State
Street Adress:	810 N Main St		\boxtimes	Federal
City, State, Zip:	Burkesville, KY 42717			Other:
UEI#:	ULNAFR4VY9K5			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- 4 -		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$14,756.00		Other
Previous Cumulative Amount:		0.00	Subi	recipient:
Cumulative Amount:		\$14,756.00	□ Y	es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Danville Independent			State
Street Adress:	115 E. Lexington Ave.		\boxtimes	Federal
City, State, Zip:	Danville, KY 40422			Other:
UEI#:	E5GVNPT52FZ3			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43	10		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year	•			Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A	_		
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Reir	Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (0	CEIS/CCEIS)		Monthly
MOA Number:	N/A	y		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilitiand CFR 76-77, 80-82 and 108-446 and Uniform Grant Gr		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amo	unt:	\$24,114.00		
Previous Cumulative Amo	unt:	0.00	Sub	recipient:
Cumulative Amo	unt:	\$24,114.00	□ Y	
			\boxtimes N	No
Period of Award:	July 1, 2025 to September 30, 2027			

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Daviess County			State
Street Adress:	1622 Southeastern Parkway		\boxtimes	Federal
City, State, Zip:	Owensboro, KY 42303			Other:
UEI#:	Y37MDHSHKBL5			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	11	Reir	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly Monthly
MOA Number:	N/A	- y		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guida		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount		\$98,596.00		Other
Previous Cumulative Amount		0.00	Sub	recipient:
Cumulative Amount	:	\$98,596.00	□ Y ⊠ M	ves

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Dawson Springs Independent			State
Street Adress:	118 E Arcadia Ave		\boxtimes	Federal
City, State, Zip:	Dawson Springs, KY 42408			Other:
UEI#:	KAYBEMJNCMN6			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	10		
Street Address:	300 Sower Blvd, 5 th Floor		Me	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	73.7	Rei	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (C	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guida		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount		\$12,987.00		Other
Previous Cumulative Amount		0.00	Sub	precipient:
Cumulative Amount		\$12,987.00	□ \ 	res

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Dayton Independent			State
Street Adress:	200 Clay St		\boxtimes	Federal
City, State, Zip:	Dayton, KY 41074			Other:
UEI#:	MV9FQ73GZJ97			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	.0		
Street Address:	300 Sower Blvd, 5 th Floor		Me	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rei	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (Cl	EIS/CCEIS)		Monthly
MOA Number:	N/A	Y		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guida		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amoun		\$33,379.00		Other
Previous Cumulative Amount		0.00	Sub	recipient:
Cumulative Amoun		\$33,379.00		res

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	East Bernstadt Independent			State
Street Adress:	PO Box 128		\boxtimes	Federal
City, State, Zip:	East Bernstadt, KY 40729			Other:
UEI#:	HNTCPYZJFUC5			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4310	1		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Reir	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CEI	IS/CCEIS)	\boxtimes	Monthly Company Compan
MOA Number:	N/A	- y .		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidar		CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$9,980.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$9,980.00	□ Y	
			\boxtimes N	No
5 1 1 4 5				

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	d Туре:
Agency Name:	Edmonson County			State
Street Adress:	100 Wildcat Way		\boxtimes	Federal
City, State, Zip:	Brownsville, KY 42210			Other:
UEI#:	JGMJC45E7K83			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	10		
Street Address:	300 Sower Blvd, 5 th Floor		Meti	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/ \ /	Reim	nbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (C	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guida		4 CFR 300,	\boxtimes	Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount		\$22,309.00		Other
Previous Cumulative Amount			Subr	recipient:
Cumulative Amount	:		□ Ye ⊠ N	es .

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Elizabethtown Independent			State
Street Adress:	219 Helm St		\boxtimes	Federal
City, State, Zip:	Elizabethtown, KY 42701			Other:
UEI#:	HNRELNZA79F9			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	.0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/ \ /	Reir	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (Cl	EIS/CCEIS)	\boxtimes	Monthly Control of the control of th
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	nncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidar		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$19,154.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$19,154.00	□ Y	
			\boxtimes N	No

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Elliott County			State
Street Adress:	PO Box 767		\boxtimes	Federal
City, State, Zip:	Sandy Hook, KY 41171			Other:
UEI#:	KVKJJ5SXF1D3			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Reir	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	nncial Reporting Method
Grant Authority (Source): Individuals with Disabilities I and CFR 76-77, 80-82 and 108-446 and Uniform Guida		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$20,471.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$20,471.00	□ Y	
			⊠ N	No

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Туре:
Agency Name:	Eminence Independent			State
Street Adress:	291 West Broadway Street		\boxtimes	Federal
City, State, Zip:	Eminence, KY 40019			Other:
UEI#:	FNMUAEG4D1X3			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4310			
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal N	'ear			Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Reir	nbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CEI	S/CCEIS)		Monthly
MOA Number:	N/A	` y '		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disa and CFR 76-77, 80-82 and 108-446 and Uniform	bilities Education Act, Part B Section 619; EDGAR 34 on Guidance, 2 CFR § 200.	CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award A	mount	\$4,530.00		Other
Previous Cumulative A		0.00	Sub	recipient:
Cumulative A		\$4,530.00	□ Y ⊠ N	· ·es
Period of Award:	July 1, 2025 to September 30, 2027			

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	д Туре:
Agency Name:	Erlanger-Elsmere Independent			State
Street Adress:	500 Graves Ave		\boxtimes	Federal
City, State, Zip:	Erlanger, KY 41018			Other:
UEI#:	PNJ2FEZ8KX85			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext	4155		Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-19	79 Ext 4310		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fisc	al Year			Automatic Payment
Description:	FY26 IDEA Preschool (Section 6	519)		Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of E	ducation		
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	CAI	Rein	nbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private),	343MC (CEIS/CCEIS)	\boxtimes	Monthly Monthly
MOA Number:	N/A	CITY L		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Dand CFR 76-77, 80-82 and 108-446 and Unif		; EDGAR 34 CFR 300,	\boxtimes	Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Awar	rd Amount:	\$20,834.00		
Previous Cumulativ	ve Amount:		Subi	recipient:
Cumulativ	ve Amount:	\$20,834.00	□ Y	es
			\boxtimes N	0
Period of Award:	July 1, 2025 to September 30, 2	2027		

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

encumbrances.

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Estill County			State
Street Adress:	PO Box 930		\boxtimes	Federal
City, State, Zip:	Irvine, KY 40336			Other:
UEI#:	XN6CKNDLVKU6			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	111	Reir	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	nncial Reporting Method
Grant Authority (Source): Individuals with Disabilities I and CFR 76-77, 80-82 and 108-446 and Uniform Guidal		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$53,962.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$53,962.00	□ Y	
			\boxtimes N	No

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Fairview Independent			State
Street Adress:	2201 Main St		\boxtimes	Federal
City, State, Zip:	Ashland, KY 41102			Other:
UEI#:	TQ4BZF4Y5NY9			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43	310		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education	1		
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	///	Reir	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CEIS/CCEIS)		Monthly
MOA Number:	N/A	7		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabiliti and CFR 76-77, 80-82 and 108-446 and Uniform Gu		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amou	unt:	\$11,549.00		
Previous Cumulative Amou	unt:	0.00	Sub	recipient:
Cumulative Amou	unt:	\$11,549.00	□ Y	
			\boxtimes N	No
Period of Award:	July 1, 2025 to September 30, 2027			

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	Туре:
Agency Name:	Fayette County			State
Street Adress:	450 Park Place		\boxtimes	Federal
City, State, Zip:	Lexington, KY 40511			Other:
UEI#:	Q76NJBURC922			
KDE Contact Information:			Resea	arch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43	310		
Street Address:	300 Sower Blvd, 5 th Floor		Meth	nod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education	1		
ALN# (Formerly CFDA No.):	84.173A	_		
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Reim	Monthly Control of the control of th
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC ((CEIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Finan	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilitie and CFR 76-77, 80-82 and 108-446 and Uniform Guid		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount		\$264,293.00		Other
Previous Cumulative Amou			Subre	ecipient:
Cumulative Amour		\$264,293.00	□ Ye	· · · · · · · · · · · · · · · · · · ·

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Fleming County			State
Street Adress:	211 W Water St		\boxtimes	Federal
City, State, Zip:	Flemingsburg, KY 41041			Other:
UEI#:	G4A1PK4LZJK9			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43	310		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year	•			Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education	1		
ALN# (Formerly CFDA No.):	84.173A	_		
PR/AWARD NUMBER (FAIN):	H173A250035	101	Reir	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CEIS/CCEIS)		Monthly
MOA Number:	N/A	1 × y		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	nncial Reporting Method
Grant Authority (Source): Individuals with Disability and CFR 76-77, 80-82 and 108-446 and Uniform Gu		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amo	unt	\$26,009.00		Other
Previous Cumulative Amo		0.00	Sub	recipient:
Cumulative Amo		\$26,009.00	□ Y ⊠ N	· 'es
			⊠ ľ	NU

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Floyd County			State
Street Adress:	442 KY RT 550		\boxtimes	Federal
City, State, Zip:	Eastern, KY 41622			Other:
UEI#:	VLGMA3JCUXD9			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Reir	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CI	EIS/CCEIS)		Monthly
MOA Number:	N/A	- 7		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	nncial Reporting Method
Grant Authority (Source): Individuals with Disabilit and CFR 76-77, 80-82 and 108-446 and Uniform Gu		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amo	unt:	\$75,606.00		
Previous Cumulative Amo	unt:	0.00	Sub	recipient:
Cumulative Amo	unt:	\$75,606.00	□ Y	'es
			\boxtimes N	No
Period of Award:	July 1, 2025 to September 30, 2027			

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

encumbrances.

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Fort Thomas Independent			State
Street Adress:	28 N Ft Thomas Ave		\boxtimes	Federal
City, State, Zip:	Fort Thomas, KY 41075			Other:
UEI#:	DCT5NJYTRC29			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	111	Reir	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly Monthly
MOA Number:	N/A	Y Y		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	nncial Reporting Method
Grant Authority (Source): Individuals with Disabilities I and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$21,044.00		Other
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$21,044.00	□ Y ⊠ N	'es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Frankfort Independent			State
Street Adress:	959 Leestown Lane		\boxtimes	Federal
City, State, Zip:	Frankfort, KY 40601			Other:
UEI#:	S9KVF64WCAZ9			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43	10		
Street Address:	300 Sower Blvd, 5 th Floor		Me	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	Z\ 1	Rei	Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CEIS/CCEIS)		Monthly
MOA Number:	N/A	7		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Gui		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amou	nt:	\$24,196.00		
Previous Cumulative Amou	nt:	0.00	Sub	recipient:
Cumulative Amou	nt:	\$24,196.00		
			⊠ 1	No
Period of Award:	July 1, 2025 to September 30, 2027			

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash

Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund Type:	
Agency Name:	Franklin County		□ State	
Street Adress:	652 Chamberlin Ave			
City, State, Zip:	Frankfort, KY 40601		□ Other:	
UEI#:	USCTK1GCG6G5			
KDE Contact Information:			Research and Development	
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155		□ Yes	
Street Address:	300 Sower Blvd, 4 th Floor		⊠ No	
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	10		
Street Address:	300 Sower Blvd, 5th Floor		Method of Payment	
City, State, Zip	Frankfort, KY 40601			
			☐ Expenditure Reimbursement	
Description/Fund Source of Award and Fiscal Year			☐ Automatic Payment	
Description:	FY26 IDEA Preschool (Section 619)		☐ Lump Sum	
Federal Award Date:	July 1, 2025		☐ Receipt of Invoice from Vendor	
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Reimbursement Frequency Monthly	4
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (C	EIS/CCEIS)	Monthly Monthly	
MOA Number:	N/A	L y L	☐ Quarterly	
Pass-through Number:	3800002-25	-	☐ Other:	
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Financial Reporting Method	
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guid		34 CFR 300,	Electronic Submission CDIP A MUNIS report must be submitted for each pronumber.	ject
Authorized Funding: Current Award Amoun		\$72,272.00	□ Other	
Previous Cumulative Amoun		0.00	Subrecipient:	
Cumulative Amoun		\$72,272.00	☐ Yes ☑ No	

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	д Туре:
Agency Name:	Fulton County			State
Street Adress:	2780 Moscow Ave		\boxtimes	Federal
City, State, Zip:	Hickman, KY 42050			Other:
UEI#:	TZELJNJ1RP26			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$25,704.00		Other
Previous Cumulative Amount:		0.00	Subi	recipient:
Cumulative Amount:		\$25,704.00	□ Y	es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Fulton Independent			State
Street Adress:	304 W State Line		\boxtimes	Federal
City, State, Zip:	Fulton, KY 42041			Other:
UEI#:	RGP4JJ8VQRR7			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 415	5		Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 E	xt 4310		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal	Year			Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Educa	ation		
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	- // /	Rein	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343	MC (CEIS/CCEIS)		Monthly
MOA Number:	N/A	- i x y i		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	nncial Reporting Method
Grant Authority (Source): Individuals with Disa and CFR 76-77, 80-82 and 108-446 and Uniform		GAR 34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award	Amount:	\$19,402.00		
Previous Cumulative	Amount:	0.00	Sub	recipient:
Cumulative A	Amount:	\$19,402.00	□ Y	r'es
			\boxtimes N	No
Period of Award:	July 1, 2025 to September 30, 2027	7		

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash

Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Gallatin County			State
Street Adress:	75 Boardwalk		\boxtimes	Federal
City, State, Zip:	Warsaw, KY 41095			Other:
UEI#:	EW5JKGDKUTH9			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	///	Reir	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly Outstank
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilities I and CFR 76-77, 80-82 and 108-446 and Uniform Guida		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$13,949.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$13,949.00	□ Y	
			\boxtimes N	No
Daried of Awards	July 1, 2025 to Sontombor 20, 2027			

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Garrard County			State
Street Adress:	322 West Maple Avenue		\boxtimes	Federal
City, State, Zip:	Lancaster, KY 40444			Other:
UEI#:	FWP9UNQJ4FR5			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43	310		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Yea	r			Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education	1		
ALN# (Formerly CFDA No.):	84.173A	_		
PR/AWARD NUMBER (FAIN):	H173A250035	111	Rein	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC ((CEIS/CCEIS)		Monthly Monthly
MOA Number:	N/A	i v		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabili and CFR 76-77, 80-82 and 108-446 and Uniform G		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amo	ount:	\$36,121.00		
Previous Cumulative Amo	ount:	0.00	Sub	recipient:
Cumulative Amo	ount:	\$36,121.00	□ Y	
			\boxtimes N	No
Daried of Awards	July 1 2025 to Contember 20, 2027			

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Glasgow Independent			State
Street Adress:	711 S. L. Rogers Wells Blvd		\boxtimes	Federal
City, State, Zip:	Glasgow, KY 42142			Other:
UEI#:	RUCJG2JV1JJ3			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43	10		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	Z\ 1	Rein	Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CEIS/CCEIS)		Monthly
MOA Number:	N/A	,		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Gui		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amou	nt:	\$24,651.00		
Previous Cumulative Amou	nt:	0.00	Sub	recipient:
Cumulative Amou	nt:	\$24,651.00	□ Y	
			\boxtimes N	No
Period of Award:	July 1, 2025 to September 30, 2027			

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

encumbrances.

Action Number:	1			
Name and Address of Recipient:			Fund	д Туре:
Agency Name:	Grant County			State
Street Adress:	820 Arnie Risen Boulevard		\boxtimes	Federal
City, State, Zip:	Williamstown, KY 41097			Other:
UEI#:	SLWFEA6B4DF3			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- 4 -		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$42,848.00		Other
Previous Cumulative Amount:		0.00	Suhi	recipient:
Cumulative Amount:		\$42,848.00	□ Y	es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Graves County			State
Street Adress:	2290 State Rt 121 N		\boxtimes	Federal
City, State, Zip:	Mayfield, KY 42066			Other:
UEI#:	GYM5CD7CSAH4			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Me	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/ 1 /	Rei	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CI	EIS/CCEIS)		Monthly Monthly
MOA Number:	N/A	- y		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guida		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount		\$59,351.00		Other
Previous Cumulative Amount		0.00	Sub	recipient:
Cumulative Amount		\$59,351.00	\ 	ves

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Grayson County			State
Street Adress:	PO Box 4009		\boxtimes	Federal
City, State, Zip:	Leitchfield, KY 42755			Other:
UEI#:	M9EWGNHBCJ47			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43	10		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	73.1	Rein	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (0	CEIS/CCEIS)		Monthly
MOA Number:	N/A	ı v		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	nncial Reporting Method
Grant Authority (Source): Individuals with Disabilitinand CFR 76-77, 80-82 and 108-446 and Uniform Gui		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amou	nt:	\$36,385.00		Other
Previous Cumulative Amou		0.00	Sub	recipient:
Cumulative Amou		\$36,385.00	□ Y ⊠ N	· 'es
			EJ I	10

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Name and Address of Recipient: Green County State Agency Name: Green County State Street Adress: Green Shurg, KY 42743 bederal UEIT: COSDFYVLX374 between County KDE Contact Information: Resaurch and Development Program Consultant: Karla Miller, 502-564-4970 Ext 4155 Yes Street Address: 300 Sower Blvd, 4° Floor No Budget Contract: Sunan Hazelwood, 502-564-1979 Ext 4310 Web of Payment Street Address: 300 Sower Blvd, 5° Floor Method of Payment Give, State, 2p Frankfort, KY 40601 Expenditure Reimbursement Description/Fund Source of Award and Fiscal Year July 1, 2025 Automatic Payment Federal Award Date: July 1, 2025 Automatic Payment Federal Agency: United States Department of Education Automatic Payment AURIN [Formerly CFDA No.): 44 173A Web of Payment MUNIS Project Number: 43 34 173A Web of Payment PR/AWARD NUMBER (FAIN): H173A250035 Resimilar Payment Frequency MUNIS Project Number: 38000002	Action Number:	1			
Street Adress: P.O. Box 100 ☑ Federal City, State, Zip: Greensburg, KY 42743 □ Other: UEI#: CDSDFYLV324 □ Other: KDE Contact Information: Research and Development Program Consultant: Karla Miller, 502-564-4970 Ext 4155 □ Yes Street Address: 300 Sower Blvd, 4° Floor ☑ No Budget Contact: Susan Hazelwood, 502-564-1979 Ext 4310 Street Address: 300 Sower Blvd, 5° Floor Method of Payment City, State, Zip Frankfort, KY 40601 ☑ Federal Cash Request Description/Fund Source of Award and Fiscal Year □ Automatic Payment Description/Fund Source of Award Date: July 1, 2025 □ Receipt of Invoice from Vendor Federal Agency: United States Department of Education ALINE (Formerly CFDA No.): 84.173A Reservice Indimeter CFDA No.): 84.173A MCPR/ARAN DuMBER (FAIN): H173A250035 Relmbursement Frequency MOA Number: NA □ Other: MOA Number: NA	Name and Address of Recipient:			Fund	д Туре:
City, State, Zip: Cressburg, KY 42743	Agency Name:	Green County			State
UEI#: CDSDFYVLX3Z4 KDE Contact Information: Research and Development Program Consultant: Karla Miller, 502-564-4970 Ext 4155	Street Adress:	P.O. Box 100		\boxtimes	Federal
KDE Contact Information: Program Consultant: Karla Miller, 502-564-4970 Ext 4155 Street Address: 300 Sower Blvd, 4th Floor Sugan Hazelwood, 502-564-1979 Ext 4310 Street Address: 300 Sower Blvd, 5th Floor Method of Payment City, State, Zip Frankfort, KY 40601 Frederal Agency: Lump Sum Receipt of Invoice from Vendor Federal Agency: United States Department of Education ALN# (Formerly CFDA No.): B4.173A PR/AWARD NUMBER (FAIN): MI73A250035 MONONHIER (FAIN): MOA Number: N/A PAss-through Number: 3800002-25 Grant Authority (Source): Individuals with Disabilities Education Act, Part B Section 619; EDGAR 34 CFR 300, and CFR 76-77, 80-82 and 108-446 and Uniform Guidanec, 2 CFR § 200. Authorized Funding: Current Award Amount: S7,925.00 Subrecipient:	City, State, Zip:	Greensburg, KY 42743			Other:
Program Consultant:: Karla Miller, 502-564-4970 Ext 4155	UEI#:	CDSDFYVLX3Z4			
Street Address: 300 Sower Blvd, 4th Floor Susan Hazelwood, 502-564-1979 Ext 4310 Street Address: 300 Sower Blvd, 5th Floor Method of Payment City, State, Zip Frankfort, KY 40601 Sepanditure Reimbursement City, State, Zip Frankfort, KY 40601 Sepanditure Reimbursement Description/Fund Source of Award and Fiscal Year Fy26 IDEA Preschool (Section 619) Lump Sum Eederal Award Date: July 1, 2025 Sepanditure Reimbursement Eederal Agency: United States Department of Education ALN# (Formerly CFDA No.): 84.173A REPA/AWARD NUMBER (FAIN): H173A250035 MUNIS Project Number: 343M(LEAs), 343MP (Private), 343MC (CEIS/CCEIS) Monthly MOA Number: N/A Pass-through Number: 3800002-25 Restricted Indirect Cost Rate: Indirect Costs 2025-2026 Grant Authority (Source): Individuals with Disabilities Education Act, Part B Section 619; EDGAR 34 CFR 300, and CFR 76-77, 80-82 and 108-446 and Uniform Guidance, 2 CFR § 200. Authorized Funding: Current Award Amount: 0.00 Previous Cumulative Amount: 0.00 Subrecipient: Current Award Amount: 0.00 Subrecipient: Cumulative Amount: 57,925.00 Yes	KDE Contact Information:			Rese	earch and Development
Budget Contact: Street Address: 300 Sower Blvd, 5th Floor Frankfort, KY 40601 □ Frankfort, KY 40601 □ Expenditure Reimbursement □ Expendi	Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address: 300 Sower Blvd, 5th Floor	Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
City, State, Zip Frankfort, KY 40601	Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4310)		
Description/Fund Source of Award and Fiscal Year Description: FY26 IDEA Preschool (Section 619)	Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
Description/Fund Source of Award and Fiscal Year Description: FY26 IDEA Preschool (Section 619)	City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
Description: FY26 IDEA Preschool (Section 619)					Expenditure Reimbursement
Federal Award Date: Federal Agency: United States Department of Education ALN# (Formerly CFDA No.): ALN# (Formerly CFDA No.): PR/AWARD NUMBER (FAIN): MUNIS Project Number: 343M(LEAs), 343MP (Private), 343MC (CEIS/CCEIS) MON Number: N/A Pass-through Number: 3800002-25 Restricted Indirect Cost Rate: Indirect Costs 2025-2026 Financial Reporting Method Grant Authority (Source): Individuals with Disabilities Education Act, Part B Section 619; EDGAR 34 CFR 300, and CFR 76-77, 80-82 and 108-446 and Uniform Guidance, 2 CFR § 200. Authorized Funding: Current Award Amount: Previous Cumulative Amount: Cumulative Amount: \$7,925.00 Yes Receipt of Invoice from Vendor Authorized Funding: Receipt of Invoice from Vendor Receipt of Invoice from Vendor Authorized Funding: Receipt of Invoice from Vendor Authorized Funding: Reimbursement Frequency Monthly Quarterly Other: Financial Reporting Method Electronic Submission CDIP A MUNIS report must be submitted for each poundment. Other Current Award Amount: \$7,925.00 Yes	Description/Fund Source of Award and Fiscal Year				Automatic Payment
Federal Agency: United States Department of Education ALN# (Formerly CFDA No.): 84.173A PR/AWARD NUMBER (FAIN): H173A250035 Reimbursement Frequency MUNIS Project Number: 343M(LEAs), 343MP (Private), 343MC (CEIS/CCEIS) Monthly MOA Number: N/A Pass-through Number: 3800002-25 Date: Restricted Indirect Cost Rate: Indirect Costs 2025-2026 Financial Reporting Method Grant Authority (Source): Individuals with Disabilities Education Act, Part B Section 619; EDGAR 34 CFR 300, and CFR 76-77, 80-82 and 108-446 and Uniform Guidance, 2 CFR § 200. Authorized Funding: Street Award Amount: \$7,925.00 Previous Cumulative Amount: \$7,925.00 Previous Cumulative Amount: \$7,925.00 Yes	Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
ALN# (Formerly CFDA No.): PR/AWARD NUMBER (FAIN): MUNIS Project Number: MOA Number: N/A Reimbursement Frequency Monthly Monthly Quarterly Quarterly Quarterly Other: Restricted Indirect Cost Rate: Indirect Costs 2025-2026 Financial Reporting Method Grant Authority (Source): Individuals with Disabilities Education Act, Part B Section 619; EDGAR 34 CFR 300, and CFR 76-77, 80-82 and 108-446 and Uniform Guidance, 2 CFR § 200. Authorized Funding: Current Award Amount: Previous Cumulative Amount: Cumulative Amount: Cumulative Amount: Cumulative Amount: S7,925.00 President Authority (Source): Previous Cumulative Amount: Cumulative Amount: S7,925.00 Yes	Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
PR/AWARD NUMBER (FAIN): H173A250035 MUNIS Project Number: 343M(LEAs), 343MP (Private), 343MC (CEIS/CCEIS) MOA Number: N/A □ Quarterly Pass-through Number: 3800002-25 □ Other: Restricted Indirect Cost Rate: Indirect Costs 2025-2026 Grant Authority (Source): Individuals with Disabilities Education Act, Part B Section 619; EDGAR 34 CFR 300, and CFR 76-77, 80-82 and 108-446 and Uniform Guidance, 2 CFR § 200. Authorized Funding: \$7,925.00 Previous Cumulative Amount: \$7,925.00 Previous Cumulative Amount: \$7,925.00 □ Yes	Federal Agency:	United States Department of Education			
MOA Number: N/A Quarterly Other: Restricted Indirect Cost Rate: Indirect Costs 2025-2026 Financial Reporting Method Grant Authority (Source): Individuals with Disabilities Education Act, Part B Section 619; EDGAR 34 CFR 300, and CFR 76-77, 80-82 and 108-446 and Uniform Guidance, 2 CFR § 200. Authorized Funding: Current Award Amount: \$7,925.00 Previous Cumulative Amount: Cumulative Amount: \$7,925.00 \$\$ Subrecipient: Cumulative Amount: \$7,925.00 \$\$ Yes\$	ALN# (Formerly CFDA No.):	84.173A			
MOA Number: N/A Quarterly Other: Restricted Indirect Cost Rate: Indirect Costs 2025-2026 Financial Reporting Method Grant Authority (Source): Individuals with Disabilities Education Act, Part B Section 619; EDGAR 34 CFR 300, and CFR 76-77, 80-82 and 108-446 and Uniform Guidance, 2 CFR § 200. Authorized Funding: Current Award Amount: \$7,925.00 Previous Cumulative Amount: Cumulative Amount: \$7,925.00 \$\$ Subrecipient: Cumulative Amount: \$7,925.00 \$\$ Yes\$	PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	nbursement Frequency
MOA Number: N/A Quarterly Other: Restricted Indirect Cost Rate: Indirect Costs 2025-2026 Financial Reporting Method Grant Authority (Source): Individuals with Disabilities Education Act, Part B Section 619; EDGAR 34 CFR 300, and CFR 76-77, 80-82 and 108-446 and Uniform Guidance, 2 CFR § 200. Authorized Funding: Current Award Amount: \$7,925.00 Previous Cumulative Amount: Cumulative Amount: \$7,925.00 \$\$ Subrecipient: Cumulative Amount: \$7,925.00 \$\$ Yes\$	MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	IS/CCEIS)	\boxtimes	Monthly
Restricted Indirect Cost Rate: Indirect Costs 2025-2026 Grant Authority (Source): Individuals with Disabilities Education Act, Part B Section 619; EDGAR 34 CFR 300, and CFR 76-77, 80-82 and 108-446 and Uniform Guidance, 2 CFR § 200. Authorized Funding: Current Award Amount: \$7,925.00 Previous Cumulative Amount: Cumulative Amount: \$7,925.00 Yes	MOA Number:	N/A	- 4 -		Quarterly
Financial Reporting Method Grant Authority (Source): Individuals with Disabilities Education Act, Part B Section 619; EDGAR 34 CFR 300, and CFR 76-77, 80-82 and 108-446 and Uniform Guidance, 2 CFR § 200. Authorized Funding: Current Award Amount: \$7,925.00 Previous Cumulative Amount: \$7,925.00 \$\text{Subrecipient:} \ Cumulative Amount: \$7,925.00 Yes	Pass-through Number:	3800002-25			Other:
Grant Authority (Source): Individuals with Disabilities Education Act, Part B Section 619; EDGAR 34 CFR 300, and CFR 76-77, 80-82 and 108-446 and Uniform Guidance, 2 CFR § 200. Authorized Funding: Current Award Amount: Previous Cumulative Amount: Cumulative Amount: \$7,925.00 Yes	Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
and CFR 76-77, 80-82 and 108-446 and Uniform Guidance, 2 CFR § 200. Authorized Funding: Current Award Amount: Previous Cumulative Amount: Cumulative Amount: \$7,925.00 97,925.00 Yes				Fina	ncial Reporting Method
Current Award Amount: \$7,925.00 Previous Cumulative Amount: 0.00 Subrecipient: Cumulative Amount: \$7,925.00 Yes			CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Previous Cumulative Amount: Cumulative Amount: \$7,925.00 □ Yes			\$7,925.00		Other
	Previous Cumulative Amount:		0.00	Subr	recipient:
	Cumulative Amount:		\$7,925.00		

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Greenup County			State
Street Adress:	45 Musketeer Drive		\boxtimes	Federal
City, State, Zip:	Greenup, KY 41144			Other:
UEI#:	XUXNGR6NLS43			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43	310		
Street Address:	300 Sower Blvd, 5 th Floor		Me	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education	1		
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	Z\ 1	Rei	Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CEIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	7		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabiliti and CFR 76-77, 80-82 and 108-446 and Uniform Gu		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amou	unt:	\$31,201.00		
Previous Cumulative Amou	unt:	0.00	Sub	recipient:
Cumulative Amou	unt:	\$31,201.00		'es
			⊠ 1	No
Period of Award:	July 1, 2025 to September 30, 2027			

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

encumbrances.

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Hancock County			State
Street Adress:	83 State Route 3543		\boxtimes	Federal
City, State, Zip:	Hawesville, KY 42348			Other:
UEI#:	ESX8BHH8FVF7			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	111	Reir	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly Monthly
MOA Number:	N/A	Y Y		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	nncial Reporting Method
Grant Authority (Source): Individuals with Disabilities I and CFR 76-77, 80-82 and 108-446 and Uniform Guidal		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$16,861.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$16,861.00	□ Y	
			\boxtimes N	No

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	d Туре:
Agency Name:	Hardin County			State
Street Adress:	65 W.a. Jenkins Rd		\boxtimes	Federal
City, State, Zip:	Elizabethtown, KY 42701			Other:
UEI#:	SH7ZBMAJKQW9			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43	10		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A	_		
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CEIS/CCEIS)		Monthly
MOA Number:	N/A	L		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidar		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$153,302.00		Other
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$153,302.00	□ Y	· ·es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Harlan County			State
Street Adress:	251 Ball Park Rd		\boxtimes	Federal
City, State, Zip:	Harlan, KY 40831			Other:
UEI#:	N2SJPWS2KUG7			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43	310		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year	r			Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education	1		
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	711	Rein	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CEIS/CCEIS)		Monthly
MOA Number:	N/A	' Y '		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabili and CFR 76-77, 80-82 and 108-446 and Uniform Gr		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amo		\$100,130.00		
Previous Cumulative Amo		0.00		recipient:
Cumulative Amo	unt:	\$100,130.00	□ Y ⊠ N	
Period of Award:	July 1, 2025 to September 30, 2027			

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Harlan Independent			State
Street Adress:	420 E Central St		\boxtimes	Federal
City, State, Zip:	Harlan, KY 40831			Other:
UEI#:	KB1JBG6ZLN71			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4	4310		
Street Address:	300 Sower Blvd, 5th Floor		Me	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education	on		
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	///	Rei	Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC	(CEIS/CCEIS)		Monthly
MOA Number:	N/A	y		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilit and CFR 76-77, 80-82 and 108-446 and Uniform Gu		R 34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amor	unt:	\$15,888.00		
Previous Cumulative Amor	unt:	0.00	Sub	recipient:
Cumulative Amor	unt:	\$15,888.00		⁄es
			\boxtimes 1	No
Period of Award:	July 1, 2025 to September 30, 2027			

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect

Authorized By (Name and Title): Gretta Hylton, Associate Commissioner Date: July 1, 2025

encumbrances.

Action Number:	1			
Name and Address of Recipient:			Fund	д Туре:
Agency Name:	Harrison County			State
Street Adress:	308 Webster Ave		\boxtimes	Federal
City, State, Zip:	Cynthiana, KY 41031			Other:
UEI#:	E5MBLEYHAFK1			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- 4 -		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$27,852.00		Other
Previous Cumulative Amount:		0.00	Suhi	recipient:
Cumulative Amount:		\$27,852.00	□ Y	es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Hart County			State
Street Adress:	25 Quality Street		\boxtimes	Federal
City, State, Zip:	Munfordville, KY 42765			Other:
UEI#:	S8WNDNKC4UR7			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43	310		
Street Address:	300 Sower Blvd, 5 th Floor		Me	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A	_		
PR/AWARD NUMBER (FAIN):	H173A250035	///	Rei	Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CEIS/CCEIS)		Monthly
MOA Number:	N/A	y		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabiliti and CFR 76-77, 80-82 and 108-446 and Uniform Gui		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amou	nt:	\$30,090.00		
Previous Cumulative Amou	nt:	0.00	Sub	recipient:
Cumulative Amou	nt:	\$30,090.00		⁄es
			⊠ 1	No
Period of Award:	July 1, 2025 to September 30, 2027			

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Hazard Independent			State
Street Adress:	705 Main St		\boxtimes	Federal
City, State, Zip:	Hazard, KY 41701			Other:
UEI#:	MM4KGTE5UNV5			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43	10		
Street Address:	300 Sower Blvd, 5 th Floor		Me	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	///	Rei	Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CEIS/CCEIS)		Monthly
MOA Number:	N/A	7		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Gui		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amou	nt:	\$28,159.00		
Previous Cumulative Amou	nt:	0.00	Sub	recipient:
Cumulative Amou	nt:	\$28,159.00		
			⊠ 1	No
Period of Award:	July 1, 2025 to September 30, 2027			

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Туре:
Agency Name:	Henderson County			State
Street Adress:	1805 Second St		\boxtimes	Federal
City, State, Zip:	Henderson, KY 42420			Other:
UEI#:	GKTJFU7E5RQ1			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/ \ /	Reir	nbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	Y Y		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidar		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$81,164.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$81,164.00	□ Y	
			\boxtimes N	lo
5 1 1 4 5				

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	д Туре:
Agency Name:	Henry County			State
Street Adress:	326 S Main St		\boxtimes	Federal
City, State, Zip:	New Castle, KY 40050			Other:
UEI#:	M8WFZL5V9RX5			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- 4 -		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$13,198.00		Other
Previous Cumulative Amount:		0.00	Suhi	recipient:
Cumulative Amount:		\$13,198.00	□ Ye	es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	д Туре:
Agency Name:	Hickman County			State
Street Adress:	416 Waterfield Drive North		\boxtimes	Federal
City, State, Zip:	Clinton, KY 42031			Other:
UEI#:	ZBHDLDZ149G1			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4310	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035		Rein	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- 4 -		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities Ed and CFR 76-77, 80-82 and 108-446 and Uniform Guidance		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$20,009.00		Other
Previous Cumulative Amount:		0.00	Subr	recipient:
Cumulative Amount:		\$20,009.00	□ Ye	

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	d Type:
Agency Name:	Hopkins County			State
Street Adress:	320 S Seminary St		\boxtimes	Federal
City, State, Zip:	Madisonville, KY 42431			Other:
UEI#:	HWWLYAH86HD8			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43	10		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035		Rein	Monthly Control of the Control of th
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (0	CEIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	, .		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$108,481.00		Other
Previous Cumulative Amount:		0.00	Suhi	recipient:
Cumulative Amount:		\$108,481.00	☐ Y	es .

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Jackson County			State
Street Adress:	3331 Hwy 421 S		\boxtimes	Federal
City, State, Zip:	McKee, KY 40447			Other:
UEI#:	NYP8GGCWHZJ3			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4	1310		
Street Address:	300 Sower Blvd, 5 th Floor		Me	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Educatio	n		
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	///	Rei	Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC	(CEIS/CCEIS)		Monthly
MOA Number:	N/A	,		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilitiand CFR 76-77, 80-82 and 108-446 and Uniform Gu		R 34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amou	unt:	\$27,630.00		
Previous Cumulative Amou	unt:	0.00	Sub	recipient:
Cumulative Amou	unt:	\$27,630.00		
			⊠ 1	No
Period of Award:	July 1, 2025 to September 30, 2027			

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

encumbrances.

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Jackson Independent			State
Street Adress:	940 Highland Ave		\boxtimes	Federal
City, State, Zip:	Jackson, KY 41339			Other:
UEI#:	M14NAA62SAT8			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	10		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (C	EIS/CCEIS)		Monthly
MOA Number:	N/A	- 7		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guid		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amou	nt:	\$4,888.00		
Previous Cumulative Amou	nt:	0.00	Sub	recipient:
Cumulative Amou	nt:	\$4,888.00		⁄es
			\boxtimes N	No
Period of Award:	July 1, 2025 to September 30, 2027			

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Jefferson County			State
Street Adress:	3332 Newburg Rd		\boxtimes	Federal
City, State, Zip:	Louisville, KY 40218			Other:
UEI#:	R5D3NH1SNPA7			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43	310		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A	_		
PR/AWARD NUMBER (FAIN):	H173A250035	73.7	Reir	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CEIS/CCEIS)		Monthly Monthly
MOA Number:	N/A	i y		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guide		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amoun		\$977,216.00		Other
Previous Cumulative Amoun		0.00	Sub	recipient:
Cumulative Amoun		\$977,216.00	□ Y ⊠ N	ves

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Jenkins Independent			State
Street Adress:	9409 Hwy 805		\boxtimes	Federal
City, State, Zip:	Jenkins, KY 41537			Other:
UEI#:	MKD6C88V9N41			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4310)		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	// /	Reir	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	IS/CCEIS)	\boxtimes	Monthly Control of the control of th
MOA Number:	N/A	- y .		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	nncial Reporting Method
Grant Authority (Source): Individuals with Disabilities I and CFR 76-77, 80-82 and 108-446 and Uniform Guida		CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$9,008.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$9,008.00	□ Y	
			\boxtimes N	No

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Jessamine County			State
Street Adress:	871 Wilmore Rd		\boxtimes	Federal
City, State, Zip:	Nicholasville, KY 40356			Other:
UEI#:	MJADCMTN21G8			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	chod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	111	Reir	nbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CI	EIS/CCEIS)	\boxtimes	Monthly Monthly
MOA Number:	N/A	Y Y		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidar		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$67,224.00		Other
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$67,224.00	□ Y ⊠ N	· ·es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	d Type:
Agency Name:	Johnson County			State
Street Adress:	253 North Mayo Trail		\boxtimes	Federal
City, State, Zip:	Paintsville, KY 41240			Other:
UEI#:	GRR9ZGF3V5G9			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43:	10		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	711	Rein	nbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (C	CEIS/CCEIS)	\boxtimes	Monthly Monthly
MOA Number:	N/A	I Y L		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilitie and CFR 76-77, 80-82 and 108-446 and Uniform Guid		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount		\$37,488.00		Other
Previous Cumulative Amou		0.00	Subi	recipient:
Cumulative Amou		\$37,488.00	□ Y	es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Kenton County			State
Street Adress:	1055 Eaton Dr		\boxtimes	Federal
City, State, Zip:	Fort Wright, KY 41017			Other:
UEI#:	EX2YKXPGAM55			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43	10		
Street Address:	300 Sower Blvd, 5 th Floor		Met	chod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A	_		
PR/AWARD NUMBER (FAIN):	H173A250035		Reir	nbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (0	CEIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	i y L		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guida		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$159,216.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$159,216.00	□ Y	
			⊠ N	No

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Knott County			State
Street Adress:	PO Box 869		\boxtimes	Federal
City, State, Zip:	Hindman, KY 41822			Other:
UEI#:	FLM5XFNXD6V8			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext	: 4310		
Street Address:	300 Sower Blvd, 5th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fisca	ll Year			Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Educat	ion		
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	- ///	Reir	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343M	C (CEIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- I X y I		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	nncial Reporting Method
Grant Authority (Source): Individuals with Dia and CFR 76-77, 80-82 and 108-446 and Uniform	sabilities Education Act, Part B Section 619; EDG rm Guidance, <u>2 CFR § 200</u> .	AR 34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award	Amount	\$68,470.00		Other
Previous Cumulative		0.00	Cub	recipient:
Cumulative		\$68,470.00	□ Y □ N	'es
Period of Award:	July 1, 2025 to September 30, 2027			

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect

encumbrances.

Authorized By (Name and Title):

Gretta Hylton, Associate Commissioner

Date: July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Knox County			State
Street Adress:	200 Daniel Boone Dr		\boxtimes	Federal
City, State, Zip:	Barbourville, KY 40906			Other:
UEI#:	T4MVCMAF9WW3			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43	310		
Street Address:	300 Sower Blvd, 5th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A	_		
PR/AWARD NUMBER (FAIN):	H173A250035	73.7	Reir	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CEIS/CCEIS)		Monthly
MOA Number:	N/A	ı v		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabiliti and CFR 76-77, 80-82 and 108-446 and Uniform Gui		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amou		\$79,444.00		Other
Previous Cumulative Amou		0.00	Sub	recipient:
Cumulative Amou		\$79,444.00	□ Y	res
			⊠ 1	NU

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	LaRue County			State
Street Adress:	208 College St		\boxtimes	Federal
City, State, Zip:	Hodgenville, KY 42748			Other:
UEI#:	KAG2K1MLNMF5			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	.0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Reir	Monthly Control of the control of th
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (Cl	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	nncial Reporting Method
Grant Authority (Source): Individuals with Disabilities I and CFR 76-77, 80-82 and 108-446 and Uniform Guida		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$33,967.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$33,967.00	□ Y ⊠ N	
			ا تک	•

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	d Type:
Agency Name:	Laurel County			State
Street Adress:	718 North Main Street		\boxtimes	Federal
City, State, Zip:	London, KY 40741			Other:
UEI#:	NK9SJEWQYDQ3			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	chod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	111	Rein	nbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities I and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$55,915.00		Other
Previous Cumulative Amount:		0.00	Suhi	recipient:
Cumulative Amount:		\$55,915.00	□ Y	· ·es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Lawrence County			State
Street Adress:	50 Bulldog Lane		\boxtimes	Federal
City, State, Zip:	Louisa, KY 41230			Other:
UEI#:	HSGRHLMSDFU4			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43	310		
Street Address:	300 Sower Blvd, 5 th Floor		Me	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education	1		
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	201	Rei	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CEIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	y		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilit and CFR 76-77, 80-82 and 108-446 and Uniform Gu		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amo	unt:	\$26,565.00		
Previous Cumulative Amo	unt:	0.00	Sub	recipient:
Cumulative Amo	unt:	\$26,565.00		
			⊠ 1	No
Period of Award:	July 1, 2025 to September 30, 2027			

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

encumbrances.

Action Number:	1			
Name and Address of Recipient:			Fund	d Туре:
Agency Name:	Lee County			State
Street Adress:	PO Box 668		\boxtimes	Federal
City, State, Zip:	Beattyville, KY 41311			Other:
UEI#:	QZHDX5AX3AU4			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	Monthly Control of the Control of th
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$25,741.00		Other
Previous Cumulative Amount:		0.00	Cubi	recipient:
Cumulative Amount:		\$25,741.00	□ Ye	es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund Type:	
Agency Name:	Leslie County		□ State	
Street Adress:	108 Maple St		□ Federal	
City, State, Zip:	Hyden, KY 41749		☐ Other:	
UEI#:	FRLNGLEMBRC4			
KDE Contact Information:			Research and Development	
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155		□ Yes	
Street Address:	300 Sower Blvd, 4 th Floor		No	
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	10		
Street Address:	300 Sower Blvd, 5 th Floor		Method of Payment	
City, State, Zip	Frankfort, KY 40601		□ Federal Cash Request	
			☐ Expenditure Reimbursement	
Description/Fund Source of Award and Fiscal Year			☐ Automatic Payment	
Description:	FY26 IDEA Preschool (Section 619)		☐ Lump Sum	
Federal Award Date:	July 1, 2025		☐ Receipt of Invoice from Vendor	
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Reimbursement Frequency Monthly	-4
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (C	EIS/CCEIS)	Monthly Monthly	
MOA Number:	N/A	L y L	☐ Quarterly	
Pass-through Number:	3800002-25	-	□ Other:	
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Financial Reporting Method	
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guida		34 CFR 300,	Electronic Submission CDIP A MUNIS report must be submitted for each pronumber.	oject
Authorized Funding: Current Award Amount		\$22,430.00	□ Other	
Previous Cumulative Amount		0.00	Subrecipient:	
Cumulative Amoun		\$22,430.00	☐ Yes ☑ No	

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	д Туре:
Agency Name:	Letcher County			State
Street Adress:	224 Parks Street		\boxtimes	Federal
City, State, Zip:	Whitesburg, KY 41858			Other:
UEI#:	Q23NU2943MJ3			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4310)		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	IS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each projec number.
Authorized Funding: Current Award Amount:		\$43,401.00		Other
Previous Cumulative Amount:		0.00	Cubi	recipient:
Cumulative Amount:		\$43,401.00	□ Y	es .

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Lewis County			State
Street Adress:	65 Central Elementary		\boxtimes	Federal
City, State, Zip:	Vanceburg, KY 41179			Other:
UEI#:	GVLDK8RDVMA6			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Reir	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CI	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	nncial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guida		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$17,270.00		
Previous Cumulative Amount:		0.00		recipient:
Cumulative Amount:		\$17,270.00	□ Y	
			Ľ I	NU

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	д Туре:
Agency Name:	Lincoln County			State
Street Adress:	305 Danville Ave		\boxtimes	Federal
City, State, Zip:	Stanford, KY 40484			Other:
UEI#:	CPDJWGTATCD5			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43	10		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035		Rein	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (0	CEIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	, .		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$112,485.00		Other
Previous Cumulative Amount:		0.00	Suhi	recipient:
Cumulative Amount:		\$112,485.00	☐ Yo	es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Livingston County			State
Street Adress:	PO Box 219		\boxtimes	Federal
City, State, Zip:	Smithland, KY 42081			Other:
UEI#:	N2L6RGNJLF36			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 432	10		
Street Address:	300 Sower Blvd, 5th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	11	Reir	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (C	CEIS/CCEIS)	\boxtimes	Monthly Monthly
MOA Number:	N/A	- y		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guid		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amoun		\$18,172.00		
Previous Cumulative Amoun	t:	0.00	Sub	recipient:
Cumulative Amoun	t:	\$18,172.00	□ Y	
			\boxtimes N	No
	L L 4 2025 to Contambra 20 2027			

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Logan County			State
Street Adress:	2222 Bowling Green Rd		\boxtimes	Federal
City, State, Zip:	Russellville, KY 42276			Other:
UEI#:	U59KWNZ5JWC8			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43	10		
Street Address:	300 Sower Blvd, 5 th Floor		Met	chod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A	_		
PR/AWARD NUMBER (FAIN):	H173A250035	ZV /	Reir	nbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (0	CEIS/CCEIS)	\boxtimes	Monthly Monthly
MOA Number:	N/A	L		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	incial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidar		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$102,718.00		Other
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$102,718.00	□ Y	· ·es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Ludlow Independent			State
Street Adress:	525 Elm St		\boxtimes	Federal
City, State, Zip:	Ludlow, KY 41016			Other:
UEI#:	HKC5YD7R7DL4			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	.0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\/	Reir	Monthly Control Contro
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CI	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidar		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$13,364.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$13,364.00	□ Y	
			\boxtimes N	No
	1.1.4.2025 to Controller 20, 2027			

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Lyon County			State
Street Adress:	217 Jenkins Rd		\boxtimes	Federal
City, State, Zip:	Eddyville, KY 42038			Other:
UEI#:	UEMEJG9A4R95			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	chod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Reir	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	incial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guida		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$12,097.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$12,097.00	□ Y	
			⊠ N	NO

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	d Type:
Agency Name:	Madison County			State
Street Adress:	PO Box 768		\boxtimes	Federal
City, State, Zip:	Richmond, KY 40476			Other:
UEI#:	TCMLSQ9N16G3			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43	10		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A	_		
PR/AWARD NUMBER (FAIN):	H173A250035		Rein	Monthly Control of the Control of th
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (0	CEIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	, .		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$129,067.00		Other
Previous Cumulative Amount:		0.00	Subi	recipient:
Cumulative Amount:		\$129,067.00	□ Ye	es .

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	d Туре:
Agency Name:	Magoffin County			State
Street Adress:	109 Gardner Trail		\boxtimes	Federal
City, State, Zip:	Salyersville, KY 41465			Other:
UEI#:	N29EPBW22BW7			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	Monthly Control of the Control of th
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidar		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:		¢24.224.00		Other
Current Award Amount:		\$24,334.00	Cuba	and the land.
Previous Cumulative Amount: Cumulative Amount:		0.00 \$24,334.00	□ Y	

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Marion County			State
Street Adress:	755 E Main St		\boxtimes	Federal
City, State, Zip:	Lebanon, KY 40033			Other:
UEI#:	J21FW94LPDK3			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	73.7	Reir	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (Cl	EIS/CCEIS)	\boxtimes	Monthly Control Contro
MOA Number:	N/A	L y L		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilities I and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$55,481.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$55,481.00	□ Y	
			⊠ N	No
	1 1 4 2025 to Controller 20 2027			

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	d Type:
Agency Name:	Marshall County			State
Street Adress:	86 High School Rd		\boxtimes	Federal
City, State, Zip:	Benton, KY 42025			Other:
UEI#:	M14JF3YR2KV1			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	Monthly Control of the Control of th
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$64,909.00		Other
Previous Cumulative Amount:		0.00	Subi	recipient:
Cumulative Amount:		\$64,909.00	□ Y	es .

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Martin County			State
Street Adress:	PO Box 366		\boxtimes	Federal
City, State, Zip:	Inez, KY 41224			Other:
UEI#:	H9J5LKGKZ7D2			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43	10		
Street Address:	300 Sower Blvd, 5 th Floor		Me	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	///	Rei	Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CEIS/CCEIS)		Monthly
MOA Number:	N/A	7		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Gui		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amou	nt:	\$36,081.00		
Previous Cumulative Amou	nt:	0.00	Sub	recipient:
Cumulative Amou	nt:	\$36,081.00		
			⊠ 1	No
Period of Award:	July 1, 2025 to September 30, 2027			

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Mason County			State
Street Adress:	PO Box 130		\boxtimes	Federal
City, State, Zip:	Maysville, KY 41056			Other:
UEI#:	JKWGFLXVCDS3			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4310	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Reir	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	nncial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guida		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$48,454.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$48,454.00	□ Y	
			⊠ N	No

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Mayfield Independent			State
Street Adress:	914 E College St		\boxtimes	Federal
City, State, Zip:	Mayfield, KY 42066			Other:
UEI#:	NMMEWKCCDGR1			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4310	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	chod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Reir	nbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guida		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$32,691.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$32,691.00	□ Y	
			⊠ N	NO

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	d Туре:
Agency Name:	McCracken County			State
Street Adress:	300 Cumberland Avenue		\boxtimes	Federal
City, State, Zip:	Paducah, KY 42001			Other:
UEI#:	QG2FZ1Y3NK46			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43	10		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035		Rein	Monthly Control of the Control of th
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (0	CEIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	, .		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$114,665.00		Other
Previous Cumulative Amount:		0.00	Subi	recipient:
Cumulative Amount:		\$114,665.00	□ Y	es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	McCreary County			State
Street Adress:	120 Raider Way		\boxtimes	Federal
City, State, Zip:	Stearns, KY 42647			Other:
UEI#:	S8GSDD68JPU4			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	.0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/ \ /	Reir	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (Cl	EIS/CCEIS)	\boxtimes	Monthly Control of the control of th
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	nncial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guida		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$62,046.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$62,046.00	☐ Y	
			⊠ N	No

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	McLean County			State
Street Adress:	PO Box 245		\boxtimes	Federal
City, State, Zip:	Calhoun, KY 42327			Other:
UEI#:	YJUSZCWE76M5			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	111	Reir	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	nncial Reporting Method
Grant Authority (Source): Individuals with Disabilities I and CFR 76-77, 80-82 and 108-446 and Uniform Guidal		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$15,240.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$15,240.00	□ Y	
			\boxtimes N	No

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	d Туре:
Agency Name:	Meade County			State
Street Adress:	1155 Old Ekron Rd		\boxtimes	Federal
City, State, Zip:	Brandenburg, KY 40108			Other:
UEI#:	G9KMH68NZPN5			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035		Rein	Monthly Control of the Control of th
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$55,023.00		Other
Previous Cumulative Amount:		0.00	Subi	recipient:
Cumulative Amount:		\$55,023.00	□ Y	es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Menifee County			State
Street Adress:	440 Wynn Flat Rd.		\boxtimes	Federal
City, State, Zip:	Frenchburg, KY 40322			Other:
UEI#:	RSMVWQND3MQ5			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	.0		
Street Address:	300 Sower Blvd, 5 th Floor		Me	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rei	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (C	EIS/CCEIS)		Monthly Monthly
MOA Number:	N/A	- y		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	nncial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guida		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount		\$10,320.00		
Previous Cumulative Amount	:	0.00	Sub	recipient:
Cumulative Amount	:	\$10,320.00		
			⊠ 1	No
5 1 1 4 1				

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Mercer County			State
Street Adress:	530 Perryville Rd		\boxtimes	Federal
City, State, Zip:	Harrodsburg, KY 40330			Other:
UEI#:	NGWTLK4XPXT1			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	10		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	73.1	Reir	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (C	EIS/CCEIS)		Monthly
MOA Number:	N/A	- y		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guida		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amoun		\$58,198.00		Other
Previous Cumulative Amoun		0.00	Sub	recipient:
Cumulative Amoun		\$58,198.00	□ Y ⊠ N	res

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			d Type:	
Agency Name:	Metcalfe County		State	
Street Adress:	709 West Stockton Street		Federal	
City, State, Zip:	Edmonton, KY 42129		Other:	
UEI#:	QQMMUML13G16			
KDE Contact Information:			earch and Developn	nent
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155		Yes	
Street Address:	300 Sower Blvd, 4 th Floor		No	
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	10		
Street Address:	300 Sower Blvd, 5th Floor		thod of Payment	
City, State, Zip	Frankfort, KY 40601		Federal Cash Requ	est
			Expenditure Reimb	pursement
Description/Fund Source of Award and Fiscal Year			Automatic Paymer	nt
Description:	FY26 IDEA Preschool (Section 619)		Lump Sum	
Federal Award Date:	July 1, 2025		Receipt of Invoice	from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	mbursement Freque	artment of
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (C	EIS/CCEIS)	Monthly	
MOA Number:	N/A	L y L	Quarterly	ar ciricine or
Pass-through Number:	3800002-25	-	Other:	
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			ancial Reporting Me	thod
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guid		34 CFR 300,	Electronic Submiss number.	ion CDIP A MUNIS report must be submitted for each project
Authorized Funding: Current Award Amoun		\$32,485.00	Other	
Previous Cumulative Amoun		0.00	recipient:	
Cumulative Amoun		\$32,485.00	/es No	

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Туре:
Agency Name:	Middlesboro Independent			State
Street Adress:	220 N 20th St		\boxtimes	Federal
City, State, Zip:	Middlesboro, KY 40965			Other:
UEI#:	J9SDANQDRSV9			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	111	Reir	nbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CI	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidar		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$21,703.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$21,703.00	□ Y	
			\boxtimes N	lo

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Monroe County			State
Street Adress:	309 Emberton Street		\boxtimes	Federal
City, State, Zip:	Tompkinsville, KY 42167			Other:
UEI#:	GTKFHC6RE3N3			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	chod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Reir	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	incial Reporting Method
Grant Authority (Source): Individuals with Disabilities I and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$38,757.00		Other
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$38,757.00	□ Y ⊠ N	· ·es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	d Туре:
Agency Name:	Montgomery County			State
Street Adress:	3400 Indian Mound Drive		\boxtimes	Federal
City, State, Zip:	Mt Sterling, KY 40353			Other:
UEI#:	KEDEUKLPQJM6			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	111	Rein	Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	Y L		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$56,426.00		Other
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$56,426.00	□ Y ⊠ N	· ·es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Morgan County			State
Street Adress:	155 University Drive		\boxtimes	Federal
City, State, Zip:	West Liberty, KY 41472			Other:
UEI#:	H49MLFMXZG83			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4	310		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education	n		
ALN# (Formerly CFDA No.):	84.173A	_		
PR/AWARD NUMBER (FAIN):	H173A250035		Reir	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC	(CEIS/CCEIS)		Monthly
MOA Number:	N/A	y		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabiliti and CFR 76-77, 80-82 and 108-446 and Uniform Gu		R 34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amou	unt:	\$25,960.00		
Previous Cumulative Amou	unt:	0.00	Sub	recipient:
Cumulative Amou	unt:	\$25,960.00	□ Y	
			\boxtimes N	No
Period of Award:	July 1, 2025 to September 30, 2027			

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

encumbrances.

Name and Address of Recipient: Fund Type: Agency Name: Muhlenberg County State Street Adress: 510 W Main Federal City, State, Zip: Powderly, KY 42367 Other: UEI#: W799QUELLUDS Research and Development Program Consultant: Karla Miller, 502-564-4970 Ext 4155 Yes Street Address: 300 Sower Blvd, 4 th Floor No Budget Contact: Susan Hazelwood, 502-564-1979 Ext 4310 Street Address: 300 Sower Blvd, 5 th Floor Method of Payment City, State, Zip Frankfort, KY 40601 Epederal Cash Request Expenditure Reimbursement Expenditure Reimbursement Description/Fund Source of Award and Fiscal Year Automatic Payment	
Street Adress: City, State, Zip: Powderly, KY 42367 UEI#: W799QUELLUD5 KDE Contact Information: Program Consultant: Karla Miller, 502-564-4970 Ext 4155 Street Address: 300 Sower Blvd, 4 th Floor Budget Contact: Susan Hazelwood, 502-564-1979 Ext 4310 Street Address: 300 Sower Blvd, 5 th Floor Method of Payment City, State, Zip Frankfort, KY 40601 Expenditure Reimbursement	
City, State, Zip: UEI#: W799QUELLUD5 KDE Contact Information: Program Consultant: Karla Miller, 502-564-4970 Ext 4155 Street Address: Susan Hazelwood, 502-564-1979 Ext 4310 Street Address: 300 Sower Blvd, 5 th Floor Method of Payment City, State, Zip Frankfort, KY 40601 Expenditure Reimbursement	
W799QUELLUD5 KDE Contact Information: Research and Development Program Consultant: Karla Miller, 502-564-4970 Ext 4155 Yes Street Address: 300 Sower Blvd, 4th Floor No Budget Contact: Susan Hazelwood, 502-564-1979 Ext 4310 Street Address: 300 Sower Blvd, 5th Floor Method of Payment City, State, Zip Frankfort, KY 40601 Federal Cash Request Expenditure Reimbursement	
KDE Contact Information: Research and Development Program Consultant: Karla Miller, 502-564-4970 Ext 4155 Yes Street Address: 300 Sower Blvd, 4th Floor No Budget Contact: Susan Hazelwood, 502-564-1979 Ext 4310 Street Address: 300 Sower Blvd, 5th Floor Method of Payment City, State, Zip Frankfort, KY 40601 Federal Cash Request Expenditure Reimbursement	
Program Consultant: Karla Miller, 502-564-4970 Ext 4155 Street Address: 300 Sower Blvd, 4 th Floor Susan Hazelwood, 502-564-1979 Ext 4310 Street Address: 300 Sower Blvd, 5 th Floor Method of Payment City, State, Zip Frankfort, KY 40601 Expenditure Reimbursement	
Street Address: 300 Sower Blvd, 4 th Floor ☑ No Budget Contact: Susan Hazelwood, 502-564-1979 Ext 4310 Street Address: 300 Sower Blvd, 5 th Floor Method of Payment City, State, Zip Frankfort, KY 40601 ☑ Federal Cash Request □ Expenditure Reimbursement	
Budget Contact: Susan Hazelwood, 502-564-1979 Ext 4310 Street Address: 300 Sower Blvd, 5 th Floor Method of Payment City, State, Zip Frankfort, KY 40601 □ Federal Cash Request □ Expenditure Reimbursement	
Street Address: 300 Sower Blvd, 5 th Floor Method of Payment City, State, Zip Frankfort, KY 40601 □ Expenditure Reimbursement	
City, State, Zip Frankfort, KY 40601 Federal Cash Request Expenditure Reimbursement	
☐ Expenditure Reimbursement	
Description/Fund Source of Award and Fiscal Year Automatic Payment	
Description: FY26 IDEA Preschool (Section 619) Lump Sum	
Federal Award Date: July 1, 2025 Receipt of Invoice from Vendor	
Federal Agency: United States Department of Education	
ALN# (Formerly CFDA No.): 84.173A	
PR/AWARD NUMBER (FAIN): H173A250035 Reimbursement Frequency	o f
PR/AWARD NUMBER (FAIN): MUNIS Project Number: H173A250035 Reimbursement Frequency Monthly Monthly	
MOA Number: N/A Quarterly	
Pass-through Number: 3800002-25	
Restricted Indirect Cost Rate: Indirect Costs 2025-2026	
Financial Reporting Method	
Grant Authority (Source): Individuals with Disabilities Education Act, Part B Section 619; EDGAR 34 CFR 300, and CFR 76-77, 80-82 and 108-446 and Uniform Guidance, 2 CFR § 200.	each project
Authorized Funding: Current Award Amount: \$64,930.00	
Previous Cumulative Amount: 0.00 Subrecipient:	
Cumulative Amount: \$64,930.00 \(\square\) Yes	

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund T	уре:
Agency Name:	Murray Independent		☐ St	tate
Street Adress:	208 S 13th St		⊠ Fe	ederal
City, State, Zip:	Murray, KY 42071		□ 0	Other:
UEI#:	JJ2VNB2CTH69			
KDE Contact Information:			Resear	rch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155		□ Ye	'es
Street Address:	300 Sower Blvd, 4 th Floor		⊠ N	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	10		
Street Address:	300 Sower Blvd, 5 th Floor		Metho	od of Payment
City, State, Zip	Frankfort, KY 40601		⊠ Fe	ederal Cash Request
			□ E:	xpenditure Reimbursement
Description/Fund Source of Award and Fiscal Year			□ A	Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)		□ Lu	ump Sum
Federal Award Date:	July 1, 2025		□ R	Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Reimb	Ursement Frequency Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (C	EIS/CCEIS)	⊠ N	Aonthly (C)
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-	□ 0	Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Financi	ial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guid		4 CFR 300,		ilectronic Submission CDIP <mark>A MUNIS report must be submitted for each projec</mark>t t<mark>umber.</mark>
Authorized Funding: Current Award Amoun		\$21,724.00	_ O	Other
Previous Cumulative Amoun		0.00	Subrec	cipient:
Cumulative Amoun		\$21,724.00	☐ Yes ⊠ No	•

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	d Type:
Agency Name:	Nelson County			State
Street Adress:	288 Wildcat Ln		\boxtimes	Federal
City, State, Zip:	Bardstown, KY 40004			Other:
UEI#:	CBD2FKG94EZ3			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	chod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CI	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	_		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	incial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guida		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount		\$62,507.00		Other
Previous Cumulative Amount		0.00	Subi	recipient:
Cumulative Amount		\$62,507.00	□ Y	· ·es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Newport Independent			State
Street Adress:	30 W. 8th Street		\boxtimes	Federal
City, State, Zip:	Newport, KY 41071			Other:
UEI#:	C57VV1BQPZ76			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	chod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Reir	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CI	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	incial Reporting Method
Grant Authority (Source): Individuals with Disabilities I and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$20,957.00		Other
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$20,957.00	□ Y ⊠ N	· ·es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Nicholas County			State
Street Adress:	395 West Main Street		\boxtimes	Federal
City, State, Zip:	Carlisle, KY 40311			Other:
UEI#:	JP6BNSXP29A1			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4310	ı		
Street Address:	300 Sower Blvd, 5 th Floor		Met	chod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/ / /	Reir	nbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CEI	S/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guida		CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$9,548.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$9,548.00	□ Y	
			⊠ N	NO

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Ohio County			State
Street Adress:	315 E Union St		\boxtimes	Federal
City, State, Zip:	Hartford, KY 42347			Other:
UEI#:	LA8BK54J3FU7			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4310	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	chod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/ / /	Reir	nbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities I and CFR 76-77, 80-82 and 108-446 and Uniform Guidal		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$62,541.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$62,541.00	□ Y	
			\boxtimes N	No

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	d Type:
Agency Name:	Oldham County			State
Street Adress:	6165 W. Highway 146		\boxtimes	Federal
City, State, Zip:	Crestwood, KY 40014			Other:
UEI#:	JAN2T65BBKS8			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	.0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (Cl	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$59,497.00		Other
Previous Cumulative Amount:		0.00	Subi	recipient:
Cumulative Amount:		\$59,497.00	□ Y	es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Owen County			State
Street Adress:	1600 Hwy 22 E		\boxtimes	Federal
City, State, Zip:	Owenton, KY 40359			Other:
UEI#:	G9KYVKRRHDP3			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	.0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/ \ /	Reir	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CI	EIS/CCEIS)	\boxtimes	Monthly Control Contro
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidar		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$15,833.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$15,833.00	□ Y	
			\boxtimes N	No
	1.1.4.2025 to Controller 20, 2027			

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Owensboro Independent			State
Street Adress:	450 Griffith Ave		\boxtimes	Federal
City, State, Zip:	Owensboro, KY 42301			Other:
UEI#:	YDS6FZ5SPHG5			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	.0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/ 1 /	Reir	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (Cl	EIS/CCEIS)	\boxtimes	Monthly Control of the control of th
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	nncial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guida		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$59,409.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$59,409.00	□ Y	
			\boxtimes N	No

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	д Туре:
Agency Name:	Owsley County			State
Street Adress:	14 Old KY 11		\boxtimes	Federal
City, State, Zip:	Booneville, KY 41314			Other:
UEI#:	EB5UH3FR2PZ7			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$22,442.00		Other
Previous Cumulative Amount:		0.00	Subi	recipient:
Cumulative Amount:		\$22,442.00	☐ Ye	es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Paducah Independent			State
Street Adress:	500 South 25th Street		\boxtimes	Federal
City, State, Zip:	Paducah, KY 42003			Other:
UEI#:	ZNX2MSYZL2H7			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4	310		
Street Address:	300 Sower Blvd, 5th Floor		Me	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Educatio	n		
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rei	Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC	(CEIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	,		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	nncial Reporting Method
Grant Authority (Source): Individuals with Disability and CFR 76-77, 80-82 and 108-446 and Uniform Gu		R 34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amou	unt:	\$51,900.00		
Previous Cumulative Amou	unt:	0.00	Sub	recipient:
Cumulative Amou	unt:	\$51,900.00	□ \	
			⊠ 1	No
Period of Award:	July 1, 2025 to September 30, 2027			

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Paintsville Independent			State
Street Adress:	220 Main Street		\boxtimes	Federal
City, State, Zip:	Paintsville, KY 41240			Other:
UEI#:	TFPSMR48CR83			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext	4310		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fisc	cal Year			Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Educati	ion		
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	- / \ /	Reir	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343M0	C (CEIS/CCEIS)		Monthly Monthly
MOA Number:	N/A	-		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with D and CFR 76-77, 80-82 and 108-446 and Unifo	Disabilities Education Act, Part B Section 619; EDGA orm Guidance, 2 CFR § 200.	AR 34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Awar	rd Amount:	\$8,882.00		
Previous Cumulativ	ve Amount:	0.00	Sub	recipient:
Cumulativ	ve Amount:	\$8,882.00	□ Y	'es
			\boxtimes N	No
Period of Award:	July 1, 2025 to September 30, 2027			

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	d Туре:
Agency Name:	Paris Independent			State
Street Adress:	310 W Seventh St		\boxtimes	Federal
City, State, Zip:	Paris, KY 40361			Other:
UEI#:	LDANNBJJMU68			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	111	Rein	nbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities I and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$12,434.00		Other
Previous Cumulative Amount:		0.00	Subi	recipient:
Cumulative Amount:		\$12,434.00	□ Y	· ·es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	d Type:
Agency Name:	Pendleton County			State
Street Adress:	2525 Hwy 27 N		\boxtimes	Federal
City, State, Zip:	Falmouth, KY 41040			Other:
UEI#:	NCJ6V3CB3F47			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- 4 -		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$45,625.00		Other
Previous Cumulative Amount:		0.00	Subi	recipient:
Cumulative Amount:		\$45,625.00	□ Y	'es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	д Туре:
Agency Name:	Perry County			State
Street Adress:	315 Park Ave		\boxtimes	Federal
City, State, Zip:	Hazard, KY 41701			Other:
UEI#:	RRAJQ5JZYJ58			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$80,396.00		Other
Previous Cumulative Amount:		0.00	Subi	recipient:
Cumulative Amount:		\$80,396.00	□ Y	es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	d Туре:
Agency Name:	Pike County			State
Street Adress:	316 South Mayo Trail		\boxtimes	Federal
City, State, Zip:	Pikeville, KY 41501			Other:
UEI#:	JUYHWD288SF5			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035		Rein	Monthly Control of the Control of th
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	~		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$54,913.00		Other
Previous Cumulative Amount:		0.00	Subi	recipient:
Cumulative Amount:		\$54,913.00	☐ Ye	es .

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Pikeville Independent			State
Street Adress:	148 Second Street		\boxtimes	Federal
City, State, Zip:	Pikeville, KY 41501			Other:
UEI#:	Y9GKDJZLN9B5			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4310			
Street Address:	300 Sower Blvd, 5 th Floor		Met	chod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/ 1 /	Reir	nbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CEI	S/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guida		CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$9,422.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$9,422.00	□ Y	
			⊠ N	NO

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Pineville Independent			State
Street Adress:	401 Virginia Avenue		\boxtimes	Federal
City, State, Zip:	Pineville, KY 40977			Other:
UEI#:	Z5WUTS8XA2Z4			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4310	ס		
Street Address:	300 Sower Blvd, 5 th Floor		Me	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	11	Rei	Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	IS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guid		1 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amoun		\$5,727.00		Other
Previous Cumulative Amoun		0.00	Sub	recipient:
Cumulative Amour		\$5,727.00	/ □ ⊠	res

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Powell County			State
Street Adress:	691 Breckinridge St		\boxtimes	Federal
City, State, Zip:	Stanton, KY 40380			Other:
UEI#:	C18ZV2ZPWBC9			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Reir	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CI	EIS/CCEIS)	\boxtimes	Monthly Control Contro
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilities I and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$34,474.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$34,474.00	□ Y	
			\boxtimes N	No

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Pulaski County			State
Street Adress:	925 N. Main Street		\boxtimes	Federal
City, State, Zip:	Somerset, KY 42503			Other:
UEI#:	GM2GFQZJJ4J6			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43	310		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education	l		
ALN# (Formerly CFDA No.):	84.173A	_		
PR/AWARD NUMBER (FAIN):	H173A250035	73.1	Reir	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CEIS/CCEIS)		Monthly
MOA Number:	N/A	1 \ y		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabiliti and CFR 76-77, 80-82 and 108-446 and Uniform Gui		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amou	int	\$66,329.00		Other
Previous Cumulative Amou		0.00	Sub	recipient:
Cumulative Amou		\$66,329.00	□ Y	'es
			⊠ N	NO

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Raceland-Worthington Independent			State
Street Adress:	100 Ram Blvd		\boxtimes	Federal
City, State, Zip:	Raceland, KY 41169			Other:
UEI#:	NBKUF6L3DH53			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4310	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly Control Contro
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilitie and CFR 76-77, 80-82 and 108-446 and Uniform Guid		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amour	nt:	\$3,544.00		
Previous Cumulative Amour	t:	0.00	Sub	recipient:
Cumulative Amour	nt:	\$3,544.00	□ Y ⊠ N	
Period of Award:	July 1, 2025 to September 30, 2027			

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

encumbrances.

Action Number:	1			
Name and Address of Recipient:			Fund	д Туре:
Agency Name:	Robertson County			State
Street Adress:	1762 Sardis Road		\boxtimes	Federal
City, State, Zip:	Mount Olivet, KY 41064			Other:
UEI#:	PPFPZ2T27LQ9			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4310			
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CEI	S/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- 4 -		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$5,541.00		Other
Previous Cumulative Amount:		0.00	Suhi	recipient:
Cumulative Amount:		\$5,541.00	□ Y	es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	d Type:
Agency Name:	Rockcastle County			State
Street Adress:	245 Richmond St		\boxtimes	Federal
City, State, Zip:	Mount Vernon, KY 40456			Other:
UEI#:	JN33NX6AN3N1			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	Monthly Control of the Control of th
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- 4 -		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$32,853.00		Other
Previous Cumulative Amount:		0.00	Subi	recipient:
Cumulative Amount:		\$32,853.00	□ Y	es .

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	д Туре:
Agency Name:	Rowan County			State
Street Adress:	551 Viking Drive		\boxtimes	Federal
City, State, Zip:	Morehead, KY 40351			Other:
UEI#:	RMC8VFW9XY83			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$48,715.00		Other
Previous Cumulative Amount:		0.00	Subi	recipient:
Cumulative Amount:		\$48,715.00	□ Y	es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Russell County			State
Street Adress:	404 South Main St		\boxtimes	Federal
City, State, Zip:	Jamestown, KY 42629			Other:
UEI#:	JLZPL1Q4YF83			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4310	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Reir	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	nncial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guida		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$25,412.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$25,412.00	□ Y	
			⊠ N	NO

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Russell Independent			State
Street Adress:	908 Powell Lane		\boxtimes	Federal
City, State, Zip:	Flatwoods, KY 41139			Other:
UEI#:	KAYTXL8WGNV8			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	10		
Street Address:	300 Sower Blvd, 5th Floor		Me	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	73.1	Rei	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (C	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guid		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amoun		\$20,591.00		Other
Previous Cumulative Amoun		0.00	Sub	recipient:
Cumulative Amoun		\$20,591.00	□ \	·
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Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	d Type:
Agency Name:	Russellville Independent			State
Street Adress:	355 South Summer Street		\boxtimes	Federal
City, State, Zip:	Russellville, KY 42276			Other:
UEI#:	FEJ4MLTP3HE5			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4310)		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	nbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	IS/CCEIS)		Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guida		CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$37,126.00		Other
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$37,126.00	□ Y	es
			\boxtimes N	lo

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	d Type:
Agency Name:	Science Hill Independent			State
Street Adress:	6007 N Hwy 27		\boxtimes	Federal
City, State, Zip:	Science Hill, KY 42553			Other:
UEI#:	LTPZPK8TCDK4			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4310	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidar		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each projec number.
Authorized Funding: Current Award Amount:		\$11,937.00		Other
Previous Cumulative Amount:		0.00	Subi	recipient:
Cumulative Amount:		\$11,937.00	□ Y	· ·es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	d Type:
Agency Name:	Scott County			State
Street Adress:	2168 Frankfort Pk		\boxtimes	Federal
City, State, Zip:	Georgetown, KY 40324			Other:
UEI#:	LF4GAHNUJVQ5			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	Monthly Control of the Control of th
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$63,515.00		Other
Previous Cumulative Amount:		0.00	Subi	recipient:
Cumulative Amount:		\$63,515.00	□ Y	es .

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	d Type:
Agency Name:	Shelby County			State
Street Adress:	1155 W Main St		\boxtimes	Federal
City, State, Zip:	Shelbyville, KY 40065			Other:
UEI#:	MZ3EVRJQ6MD1			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	Monthly Control of the Control of th
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$54,155.00		Other
Previous Cumulative Amount:		0.00	Subi	recipient:
Cumulative Amount:		\$54,155.00	□ Y	es .

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Simpson County			State
Street Adress:	430 S College St		\boxtimes	Federal
City, State, Zip:	Franklin, KY 42135			Other:
UEI#:	UCG5HSG9GNT1			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4310)		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	// /	Reir	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	IS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	nncial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guida		1 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$55,411.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$55,411.00	□ Y	
			⊠ N	NO

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Somerset Independent			State
Street Adress:	305 College St		\boxtimes	Federal
City, State, Zip:	Somerset, KY 42501			Other:
UEI#:	KCJ3RY1NTJN4			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	.0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (C	EIS/CCEIS)		Monthly Monthly
MOA Number:	N/A	- y		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	nncial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guida		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount		\$27,015.00		
Previous Cumulative Amount	:	0.00	Sub	recipient:
Cumulative Amount	:	\$27,015.00	□ Y	
			\boxtimes N	No
5 1 1 6 1				

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Southgate Independent			State
Street Adress:	6 William F. Blatt Avenue		\boxtimes	Federal
City, State, Zip:	Southgate, KY 41071			Other:
UEI#:	PGAALRNGXRK3			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4310)		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Reir	Monthly Control Contro
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	IS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y .		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidar		CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$6,272.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$6,272.00	□ Y	
			\boxtimes N	No

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Spencer County			State
Street Adress:	110 Reasor Ave.		\boxtimes	Federal
City, State, Zip:	Taylorsville, KY 40071			Other:
UEI#:	L3V5GP3PNV43			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	11	Reir	nbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	Y Y		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities I and CFR 76-77, 80-82 and 108-446 and Uniform Guidal		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$45,777.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$45,777.00	□ Y	
			⊠ N	lo

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Taylor County			State
Street Adress:	1209 E Broadway		\boxtimes	Federal
City, State, Zip:	Campbellsville, KY 42718			Other:
UEI#:	LLSKHWFMAHC7			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	chod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Reir	Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	incial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guida		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount		\$50,385.00		Other
Previous Cumulative Amount		0.00	Sub	recipient:
Cumulative Amount		\$50,385.00	□ Y	•
55 5 7. 6		,	⊠ N	

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Todd County			State
Street Adress:	205 Airport Rd		\boxtimes	Federal
City, State, Zip:	Elkton, KY 42220			Other:
UEI#:	T2PSEBKV1CM9			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43:	10		
Street Address:	300 Sower Blvd, 5 th Floor		Me	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	711	Rei	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (0	CEIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilitie and CFR 76-77, 80-82 and 108-446 and Uniform Guid		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amour		\$79,366.00		Other
Previous Cumulative Amou		0.00	Sub	recipient:
Cumulative Amou		\$79,366.00	 	res

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Trigg County			State
Street Adress:	202 Main St		\boxtimes	Federal
City, State, Zip:	Cadiz, KY 42211			Other:
UEI#:	WA7VHW5VVQS3			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43	310		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Yea	r			Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	///	Rein	Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CEIS/CCEIS)		Monthly
MOA Number:	N/A	,		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	incial Reporting Method
Grant Authority (Source): Individuals with Disabili and CFR 76-77, 80-82 and 108-446 and Uniform G		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amo	ount:	\$49,039.00		
Previous Cumulative Amo	ount:	0.00	Sub	recipient:
Cumulative Amo	ount:	\$49,039.00	□ Y	
			\boxtimes N	No
Period of Award:	July 1, 2025 to September 30, 2027			

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

encumbrances.

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Trimble County			State
Street Adress:	116 Wentworth Ave.		\boxtimes	Federal
City, State, Zip:	Bedford, KY 40006			Other:
UEI#:	X2C3DED61EM9			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 432	10		
Street Address:	300 Sower Blvd, 5 th Floor		Me	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	Z\ /	Rei	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (C	CEIS/CCEIS)		Monthly Monthly
MOA Number:	N/A	- y		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guida		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amoun	::	\$13,519.00		
Previous Cumulative Amoun	t:	0.00	Sub	recipient:
Cumulative Amoun	t:	\$13,519.00		
			⊠ 1	No
	L L 4 2025 to Contambra 20 2027			

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	d Туре:
Agency Name:	Union County			State
Street Adress:	4500 US Highway - 60 W		\boxtimes	Federal
City, State, Zip:	Morganfield, KY 42437			Other:
UEI#:	EMS9AJPQKTG3			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CI	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$65,109.00		Other
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$65,109.00	□ Y ⊠ N	· ·es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Walton-Verona Independent			State
Street Adress:	16 School Rd		\boxtimes	Federal
City, State, Zip:	Walton, KY 41094			Other:
UEI#:	JCR6BG4MN1M4			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43	310		
Street Address:	300 Sower Blvd, 5 th Floor		Me	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education	n		
ALN# (Formerly CFDA No.):	84.173A	_		
PR/AWARD NUMBER (FAIN):	H173A250035	///	Rei	Monthly Control Contro
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC ((CEIS/CCEIS)		Monthly
MOA Number:	N/A	y		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabiliti and CFR 76-77, 80-82 and 108-446 and Uniform Gu		R 34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amou	unt:	\$27,152.00		
Previous Cumulative Amou	unt:	0.00	Sub	recipient:
Cumulative Amou	unt:	\$27,152.00		
			⊠ 1	No
Period of Award:	July 1, 2025 to September 30, 2027			

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Warren County			State
Street Adress:	303 Lovers Lane		\boxtimes	Federal
City, State, Zip:	Bowling Green, KY 42102			Other:
UEI#:	MMVUBL3ECMX4			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43	10		
Street Address:	300 Sower Blvd, 5 th Floor		Met	chod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A	_		
PR/AWARD NUMBER (FAIN):	H173A250035	///	Reir	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (0	CEIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	I Y L		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	incial Reporting Method
Grant Authority (Source): Individuals with Disabilities I and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$100,368.00		Other
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$100,368.00	□ Y ⊠ N	· ·es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund	д Туре:
Agency Name:	Washington County			State
Street Adress:	120 Mackville Hill		\boxtimes	Federal
City, State, Zip:	Springfield, KY 40069			Other:
UEI#:	KJJ9BCPC4Q75			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4310	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- 4 -		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disabilities E and CFR 76-77, 80-82 and 108-446 and Uniform Guidan		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Amount:		\$41,325.00		Other
Previous Cumulative Amount:		0.00	Suhi	recipient:
Cumulative Amount:		\$41,325.00	☐ Ye	es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fund Type:	
Agency Name:	Wayne County		□ State	
Street Adress:	150 Cardinal Way			
City, State, Zip:	Monticello, KY 42633		□ Other:	
UEI#:	NECNNZJ8J3X5			
KDE Contact Information:			Research and Development	
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155		□ Yes	
Street Address:	300 Sower Blvd, 4 th Floor		⊠ No	
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	10		
Street Address:	300 Sower Blvd, 5 th Floor		Method of Payment	
City, State, Zip	Frankfort, KY 40601			
			☐ Expenditure Reimbursement	
Description/Fund Source of Award and Fiscal Year			☐ Automatic Payment	
Description:	FY26 IDEA Preschool (Section 619)		□ Lump Sum	
Federal Award Date:	July 1, 2025		☐ Receipt of Invoice from Vendor	
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Reimbursement Frequency Monthly	o f
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (C	EIS/CCEIS)	Monthly Monthly	
MOA Number:	N/A	L y L	☐ Quarterly	
Pass-through Number:	3800002-25	-	Other:	
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Financial Reporting Method	
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guid		34 CFR 300,	Electronic Submission CDIP A MUNIS report must be submitted for number.	each project
Authorized Funding: Current Award Amoun		\$58,595.00	□ Other	
Previous Cumulative Amoun		0.00	Subrecipient:	
Cumulative Amoun		\$58,595.00	□ Yes ☑ No	

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Webster County			State
Street Adress:	28 Sr 1340		\boxtimes	Federal
City, State, Zip:	Dixon, KY 42409			Other:
UEI#:	NHQJCNK4FQS1			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4310	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	chod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Reir	Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	incial Reporting Method
Grant Authority (Source): Individuals with Disabilities I and CFR 76-77, 80-82 and 108-446 and Uniform Guida		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$42,765.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$42,765.00	□ Y	
			⊠ N	NO

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Whitley County			State
Street Adress:	300 Main Street		\boxtimes	Federal
City, State, Zip:	Williamsburg, KY 40769			Other:
UEI#:	FD2ECQNUT1L6			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4	310		
Street Address:	300 Sower Blvd, 5 th Floor		Me	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Educatio	n		
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	///	Rei	Monthly Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC	(CEIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	7		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabiliti and CFR 76-77, 80-82 and 108-446 and Uniform Gu		R 34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amou	unt:	\$43,112.00		
Previous Cumulative Amou	unt:	0.00	Sub	recipient:
Cumulative Amou	unt:	\$43,112.00		
			⊠ 1	No
Period of Award:	July 1, 2025 to September 30, 2027			

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

encumbrances.

Action Number:	1			
Name and Address of Recipient:			Fund	d Туре:
Agency Name:	Williamsburg Independent			State
Street Adress:	1000 Main Street		\boxtimes	Federal
City, State, Zip:	Williamsburg, KY 40769			Other:
UEI#:	MM66VAGRASR3			
KDE Contact Information:			Rese	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4310			
Street Address:	300 Sower Blvd, 5 th Floor		Met	hod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Ye	ear			Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rein	nbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CEIS)	/CCEIS)		Monthly
MOA Number:	N/A	'y L		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ncial Reporting Method
Grant Authority (Source): Individuals with Disab and CFR 76-77, 80-82 and 108-446 and Uniform	ilities Education Act, Part B Section 619; EDGAR 34 C Guidance, <u>2 CFR § 200</u> .	FR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award An	nount	\$9,057.00		Other
Previous Cumulative An		0.00	Sub	recipient:
Cumulative An		\$9,057.00	□ Y □ N	es
Period of Award:	July 1, 2025 to September 30, 2027			

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Williamstown Independent			State
Street Adress:	300 Helton St		\boxtimes	Federal
City, State, Zip:	Williamstown, KY 41097			Other:
UEI#:	EKWCG8BKNCA9			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4310)		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	111	Reir	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CE	IS/CCEIS)		Monthly
MOA Number:	N/A	Y		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilities Education Act, Part B Section 619; EDGAR 34 CFR 300, and CFR 76-77, 80-82 and 108-446 and Uniform Guidance, 2 CFR § 200.			Electronic Submission CDIP A MUNIS report must be submitted for each project number.	
Authorized Funding: Current Award Amount		\$3,230.00		Other
Previous Cumulative Amount: 0.00		Suh	precipient:	
Cumulative Amount		\$3,230.00	□ Y ⊠ N	res

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Wolfe County			State
Street Adress:	PO Box 160		\boxtimes	Federal
City, State, Zip:	Campton, KY 41301			Other:
UEI#:	LMKNDZ1ADGM1			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	.0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Reir	Monthly Control of the control of th
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (Cl	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	- y -		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	nncial Reporting Method
Grant Authority (Source): Individuals with Disabilities and CFR 76-77, 80-82 and 108-446 and Uniform Guida		4 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding:				Other
Current Award Amount:		\$23,128.00		
Previous Cumulative Amount:		0.00	Sub	recipient:
Cumulative Amount:		\$23,128.00	□ Y	
			\boxtimes N	No

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Woodford County			State
Street Adress:	330 Pisgah Pk		\boxtimes	Federal
City, State, Zip:	Versailles, KY 40383			Other:
UEI#:	EGENAXBHKQK7			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 43	10		
Street Address:	300 Sower Blvd, 5 th Floor		Me	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year	ar			Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A	_		
PR/AWARD NUMBER (FAIN):	H173A250035	/\ /	Rei	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CEIS/CCEIS)		Monthly Control Contro
MOA Number:	N/A	' y		Quarterly
Pass-through Number:	3800002-25			Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabil and CFR 76-77, 80-82 and 108-446 and Uniform 6		34 CFR 300,		Electronic Submission CDIP A MUNIS report must be submitted for each project number.
Authorized Funding: Current Award Am	ount:	\$40,039.00		Other
Previous Cumulative Am		0.00	Sub	recipient:
Cumulative Am		\$40,039.00	□ \ ⊠ 1	ves
Period of Award:	July 1, 2025 to September 30, 2027			

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

encumbrances.

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Kentucky School for the Blind			State
Street Adress:	1867 Frankfort Avenue		\boxtimes	Federal
City, State, Zip:	Louisville, KY 40206			Other:
UEI#:	G2J6EHYDKP79			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 4310			
Street Address:	300 Sower Blvd, 5 th Floor		Me	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/ \ /	Rei	mbursement Frequency
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CEIS	S/CCEIS)		Monthly
MOA Number:	N/A	Y y		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	ancial Reporting Method
Grant Authority (Source): Individuals with Disabilities Education Act, Part B Section 619; EDGAR 34 CFR 300, and CFR 76-77, 80-82 and 108-446 and Uniform Guidance, 2 CFR § 200.			Electronic Submission CDIP A MUNIS report must be submitted for each project number.	
Authorized Funding: Current Award Amount		\$ 92.00		Other
Previous Cumulative Amount: 0.00		Sub	recipient:	
Cumulative Amount	:	\$ 92.00	□ \ ⊠	res

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

Action Number:	1			
Name and Address of Recipient:			Fun	d Type:
Agency Name:	Kentucky School for the Deaf			State
Street Adress:	PO Box 27		\boxtimes	Federal
City, State, Zip:	Danville, KY 40423			Other:
UEI#:	G2J6EHYDKP79			
KDE Contact Information:			Res	earch and Development
Program Consultant:	Karla Miller, 502-564-4970 Ext 4155			Yes
Street Address:	300 Sower Blvd, 4 th Floor		\boxtimes	No
Budget Contact:	Susan Hazelwood, 502-564-1979 Ext 431	0		
Street Address:	300 Sower Blvd, 5 th Floor		Met	thod of Payment
City, State, Zip	Frankfort, KY 40601		\boxtimes	Federal Cash Request
				Expenditure Reimbursement
Description/Fund Source of Award and Fiscal Year				Automatic Payment
Description:	FY26 IDEA Preschool (Section 619)			Lump Sum
Federal Award Date:	July 1, 2025			Receipt of Invoice from Vendor
Federal Agency:	United States Department of Education			
ALN# (Formerly CFDA No.):	84.173A			
PR/AWARD NUMBER (FAIN):	H173A250035	/ \ /	Reir	Monthly
MUNIS Project Number:	343M(LEAs), 343MP (Private), 343MC (CI	EIS/CCEIS)	\boxtimes	Monthly
MOA Number:	N/A	Ly L		Quarterly
Pass-through Number:	3800002-25	-		Other:
Restricted Indirect Cost Rate:	Indirect Costs 2025-2026			
			Fina	nncial Reporting Method
Grant Authority (Source): Individuals with Disabilities Education Act, Part B Section 619; EDGAR 34 CFR 300, and CFR 76-77, 80-82 and 108-446 and Uniform Guidance, 2 CFR § 200.			Electronic Submission CDIP A MUNIS report must be submitted for each project number.	
Authorized Funding: Current Award Amount:		\$10,800.00		Other
Previous Cumulative Amount: 0.00			Sub	recipient:
Cumulative Amount:		\$10,800.00	□ Y ⊠ N	'es

Period of Award: July 1, 2025 to September 30, 2027

Special Instructions/Conditions: The funds for 343MP and 343MC must be requested under 343M Federal Cash Request. 343MP and 343MC breakdown amounts can be found in GMAP. The final Federal Cash Request must be submitted by November 12, 2027. All funds must be spent or encumbered by September 30, 2027. The quarterly report for the period ending September 30, 2027 MUST reflect encumbrances.

Authorized By (Name and Title):Gretta Hylton, Associate CommissionerDate:July 1, 2025

