1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Adair County		State
	Street Address 1204 Greensburg Street City, State Zip Columbia, KY 42728	4_	Federal
	City, State Zip Columbia, KY 42728		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		Quarterly Reimbursement with CDIP report
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$80,000.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	
	YIII146A		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Allen County		State
	Street Address 570 Oliver Street City, State Zip Scottsville, KY 42164	4_	Federal
	City, State Zip Scottsville, KY 42164		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	The second secon		Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$80,000.00	11	Evaluations: Each program will be evaluated per
	Oth		specific program guidelines to be disseminated by
6	Period of Award:	ea.	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemer	t	
	7/11/60		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Anchorage Ind.		State
	Street Address 11400 Ridge Road City, State Zip Anchorage, KY 40223	4_	Federal
	City, State Zip Anchorage, KY 40223		Other:
			10-
	CIPS	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	2	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Anderson County		State
	Street Address 1160 By Pass North City, State Zip Lawrenceburg, KY 40342	4_	Federal
	City, State Zip Lawrenceburg, KY 40342		Other:
			10. T
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		Quarterly Reimbursement with CDIP report Other
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other Other
5	Award Amount: \$120,000.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Ashland Ind.		State
	Street Address 1420 Central Ave City, State Zip Ashland, KY 41101	4_	Federal
	City, State Zip Ashland, KY 41101		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$160,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Augusta Ind.		State
	Street Address 307 Bracken Street City, State Zip Augusta, KY 41002	4_	Federal
	City, State Zip Augusta, KY 41002		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Ballard County		State
	Street Address 11 Vocational School Road City State Zip Barlow KY 42024	4_	Federal
	City, State Zip Barlow, KY 42024		Other:
			10
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		
	Description School Resource Officer		Quarterly Reimbursement with CDIP report
	Fund Source State General Funds		Monthly Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	J T		Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	nt	
	Will Ca		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Barbourville Ind.		State
	Street Address 140 School Street City, State Zip Barbourville, KY 40906	4_	Federal
	City, State Zip Barbourville, KY 40906		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	I master / tg/semment		Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per
	C		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	
	71114001		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bardstown Ind.		State
	Street Address 308 N Fifth Street City, State Zip Bardstown, KY 40004	4_	Federal
	City, State Zip Bardstown, KY 40004		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	The state of the s		Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemer	t	
	7/11/60		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Barren County		State
	Street Address 600 Trojan Way City, State Zip Glasgow, KY 42141	4_	Federal
	City, State Zip Glasgow, KY 42141		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Electronic editinission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$180,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	2	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bath County		State
	Street Address 405 W Main Street	4_	Federal
	Street Address 405 W Main Street City, State Zip Owingsville, KY 40360	l <i>t i</i>	Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		
	Description School Resource Officer		Monthly Quarterly Reimbursement with CDIP report Other
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number 18RM	1	
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Number	10	Electronic Submission
			Electionic oubinission
4	Grant Authority (Source): KRS 158.441		Other
	,		
5	Award Amount: \$80,000.00	11	Evaluations: Each program will be evaluated per
	Cul		specific program guidelines to be disseminated by
6	Period of Award:	PA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		CII /
12	Consortia/Partnership Members: N/A	•	
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Manageme	nt	
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	- uca		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Beechwood Ind.		State
	Street Address 50 Beechwood Road City, State Zip Fort Mitchell, KY 41017	4_	Federal
	City, State Zip Fort Mitchell, KY 41017		Other:
			10-
	CIPS	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A	-	
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2025-June 30, 2026		CAT /
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bell County		State
	Street Address 211 Virginia Ave City, State Zip Pineville, KY 40977	4_	Federal
	City, State Zip Pineville, KY 40977		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A	F	
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziodionio edamicolori
4	Grant Authority (Source): KRS 158.441	١ ١	Other
5	Award Amount: \$140,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	R	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bellevue Ind.		State
	Street Address 219 Center Street City, State Zip Bellevue, KY 41073	4_	Federal
	City, State Zip Bellevue, KY 41073		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	2	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Berea Ind.		State
	Street Address 3 Pirate Parkway City, State Zip Berea, KY 40403	4_	Federal
	City, State Zip Berea, KY 40403		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A	F	
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziodionio edamicolori
4	Grant Authority (Source): KRS 158.441	١ ١	Other
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Boone County		State
	Street Address 8330 US 42 City, State Zip Florence, KY 41042	4_	Federal
	City, State Zip Florence, KY 41042		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A	F	
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziodionio edamicolori
4	Grant Authority (Source): KRS 158.441	١ ١	Other
5	Award Amount: \$380,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	
			7.647

1	Name and Address of Recipie		7	Fund Type:	
	Agency Name Bourbon Coun	ty		State	
	Street Address 3343 Lexingtor	n Road 61 Depar	4_	Federal	
	City, State Zip Paris, KY 403	61		Other:	
				10-	
			8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant – Phone #	Lalah Brewer		Expenditure Reimbursement	
	Street Address	300 Sower Blvd		Automatic Payment	
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum	
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
		or Children,	9	Reimbursement Frequency:	
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly	
	Description	School Resource Officer		Quarterly Reimbursement with CDIP report Other	
	Fund Source	State General Funds		Other	
	CFDA#	N/A			
	MUNIS Project Number	18RM			
	Master Agreement Number	N/A	10	Financial Reporting Method:	
				Electronic Submission	
4	Grant Authority (Source): KR	5 158.441		Other Other	
5	Award Amount: \$60,000.00	Our	11	Evaluations: Each program will be evaluated per	
	Davis d of Assessed			specific program guidelines to be disseminated by	
6	Period of Award:	Commonw	ta	KDE Program Contacts.	
40	July 1, 2025-June 30, 2026	N1/A			
12	Consortia/Partnership Membe				
13	Special Instructions/Condition				
14		licole Crosthwaite, Budget Branch		Date: December 2, 2025	
	<u> </u>	ivision of Budgets & Financial Managemer	nt		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bowling Green Ind.		State
	Street Address 1211 Center Street City, State Zip Bowling Green, KY 42101	4_	Federal
	City, State Zip Bowling Green, KY 42101		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A	7	
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	January Company of the Company of th		Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$100,000.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	
	THE CO.		

1	Name and Address of Recipient:	7	Fund Type:		
	Agency Name Boyd County		State		
	Street Address 1104 Bob McCullough Drive City, State Zip Ashland, KY 41102	4_	Federal		
	City, State Zip Ashland, KY 41102		Other:		
			10-		
		8	Method of Payment:		
2	KDE Contact Information:		Federal Cash Request		
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement		
	Street Address 300 Sower Blvd		Automatic Payment		
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum		
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor		
	City, KY Zip Frankfort, KY 40601				
	Children.	9	Reimbursement Frequency:		
3	Description/Fund Source of Award and Fiscal Year:		Monthly		
	Description School Resource Officer		Quarterly Reimbursement with CDIP report		
	Fund Source State General Funds		Other		
	CFDA# N/A				
	MUNIS Project Number 18RM				
	Master Agreement Number N/A	10	Financial Reporting Method:		
			Electronic Submission		
4	Grant Authority (Source): KRS 158.441		Other		
5	Award Amount: \$120,000.00	11	Evaluations: Each program will be evaluated per		
			specific program guidelines to be disseminated by		
6	Period of Award:	ea	KDE Program Contacts.		
	July 1, 2025-June 30, 2026				
12	Consortia/Partnership Members: N/A				
13	Special Instructions/Conditions:				
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025		
	Division of Budgets & Financial Managemen	t			
	YUUAATIY				

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Boyle County		State
	Street Address 101 Citation Drive Suite C City, State Zip Danville, KY 40422	4_	Federal
	City, State Zip Danville, KY 40422		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$60,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2025-June 30, 2026		CTT /
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipie	nt:	7	Fund Type:	
	Agency Name Bracken Count	ty		State	
	Street Address 1048 Bladesto	n Drive 7 41004 Depar	4_	Federal	
	City, State Zip Brooksville, KY	41004		Other:	
				10-	
			8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant – Phone #	Lalah Brewer		Expenditure Reimbursement	
	Street Address	300 Sower Blvd		Automatic Payment	
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum	
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
		y Children,	9	Reimbursement Frequency:	
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly	
	Description	School Resource Officer		Quarterly Reimbursement with CDIP report Other	
	Fund Source	State General Funds		Other	
	CFDA#	N/A			
	MUNIS Project Number	18RM			
	Master Agreement Number	N/A	10	Financial Reporting Method:	
				Electronic Submission	
4	Grant Authority (Source): KR	5 158.441		Other Other	
5	Award Amount: \$40,000.00	Our	11	Evaluations: Each program will be evaluated per	
_	Davis d of Assessed	Commence		specific program guidelines to be disseminated by	
6	Period of Award:	Commonw	ta	KDE Program Contacts.	
40	July 1, 2025-June 30, 2026	N1/A			
12	Consortia/Partnership Membe				
13	Special Instructions/Condition				
14		icole Crosthwaite, Budget Branch		Date: December 2, 2025	
	D	ivision of Budgets & Financial Managemer	nt		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Breathitt County		State
	Street Address 420 Court Street City, State Zip Jackson, KY 41339	4_	Federal
	City, State Zip Jackson, KY 41339		Other:
			10-
	CIPS	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$60,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	2	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:		
	Agency Name Breckinridge County		State		
	Street Address 86 Airport Road City State Zip Hardinsburg KY 40143	4_	Federal		
	City, State Zip Hardinsburg, KY 40143		Other:		
			10-		
		8	Method of Payment:		
2	KDE Contact Information:		Federal Cash Request		
	Program Consultant – Phone # Lalah Brewer				
	Street Address 300 Sower Blvd		Automatic Payment		
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum		
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor		
	City, KY Zip Frankfort, KY 40601				
	Children.	9	Reimbursement Frequency:		
3	Description/Fund Source of Award and Fiscal Year:				
	Description School Resource Officer		Quarterly Reimbursement with CDIP report		
	Fund Source State General Funds		Monthly Quarterly Reimbursement with CDIP report Other		
	CFDA# N/A				
	MUNIS Project Number 18RM				
	Master Agreement Number N/A	10	Financial Reporting Method:		
	Master Agreement Hamber		Electronic Submission		
			Zicotronio custinosioni		
4	Grant Authority (Source): KRS 158.441		Other		
5	Award Amount: \$40,000.00	11	Evaluations: Each program will be evaluated per		
	Our		specific program guidelines to be disseminated by		
6	Period of Award:	PA	KDE Program Contacts.		
	July 1, 2025-June 30, 2026		CII		
12	Consortia/Partnership Members: N/A				
13	Special Instructions/Conditions:				
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025		
	Division of Budgets & Financial Management				
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bullitt County		State
	Street Address 1040 Hwy 44 E City, State Zip Shepherdsville, KY 40165	4_	Federal
	City, State Zip Shepherdsville, KY 40165		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	I master / tg/semment		Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$160,000.00	11	Evaluations: Each program will be evaluated per
	Odi		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	
	71114001		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Burgin Ind.		State
	Street Address 140 Danville Road City, State Zip Burgin, KY 40310	4_	Federal
	City, State Zip Burgin, KY 40310		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Zissionio edaminosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Butler County		State
	Street Address 203 N Tyler Street City, State Zip Morgantown, KY 42261	4_	Federal
	City, State Zip Morgantown, KY 42261		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Zissionio edaminosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$80,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Caldwell County		State
	Street Address 612 West Washington Street City State Zip Princeton KY 42445	4_	Federal
	City, State Zip Princeton, KY 42445		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
•	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	I master / tg/s emineral master state and stat		Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$40,000.00	11	Evaluations: Each program will be evaluated per
	O C C		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Calloway County		State
	Street Address 2110 College Farm Road City, State Zip Murray, KY 42071	4_	Federal
	City, State Zip Murray, KY 42071		Other:
			10-
	C.D.S	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Number	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$80,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	2	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A	•	
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Campbell County		State
	Street Address 101 Orchard Lane City, State Zip Alexandria, KY 41001	4_	Federal
	City, State Zip Alexandria, KY 41001		Other:
			10-
	C.D.S	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Number	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$140,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Campbellsville Ind.		State
	Street Address 136 S Columbia Avenue City, State Zip Campbellsville, KY 42718	4_	Federal
	City, State Zip Campbellsville, KY 42718		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	I master / tg/s emineral master state and the state st		Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$40,000.00	11	Evaluations: Each program will be evaluated per
	C		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	
	711114001		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Carlisle County		State
	Street Address 4557 State Rt 1377 City, State Zip Bardwell, KY 42023	4_	Federal
	City, State Zip Bardwell, KY 42023		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Zissionio edaminosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Carroll County		State
	Street Address 813 Hawkins Street City, State Zip Carrollton, KY 41008	4_	Federal
	City, State Zip Carrollton, KY 41008		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
•	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	I master / tg/s emineral master state and the state st		Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$60,000.00	11	Evaluations: Each program will be evaluated per
	Odi		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Carter County		State
	Street Address 228 S Carol Malone Blvd. City, State Zip Grayson, KY 41143	4_	Federal
	City, State Zip Grayson, KY 41143		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd	4	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		Quarterly Reimbursement with CDIP report
	Fund Source State General Funds		Other
	CFDA# N/A	7	
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	g		Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$120,000.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	2.2	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	
	7111100		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Casey County		State
	Street Address 1922 N US 127 City, State Zip Liberty, KY 42539	4_	Federal
	City, State Zip Liberty, KY 42539		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$60,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	2	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Caverna Ind.		State
	Street Address 1102 N Dixie Hwy City, State Zip Cave City, KY 42127	4_	Federal
	City, State Zip Cave City, KY 42127		Other:
			10-
	C.D.S	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Number	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$40,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Christian County		State
	Street Address 200 Glass Avenue City, State Zip Hopkinsville, KY 42240	4_	Federal
	City, State Zip Hopkinsville, KY 42240		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$320,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:		
	Agency Name Clark County		State		
	Street Address 1600 W Lexington Avenue City, State Zip Winchester, KY 40391	101	Federal		
	City, State Zip Winchester, KY 40391	44 (1)	Other:		
			40-		
		8	Method of Payment:		
2	KDE Contact Information:		Federal Cash Request		
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement		
	Street Address 300 Sower Blvd		Automatic Payment		
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum		
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor		
	City, KY Zip Frankfort, KY 40601				
	Unitaren,	9	Reimbursement Frequency:		
3	Description/Fund Source of Award and Fiscal Year:		Monthly		
	Description School Resource Officer		Quarterly Reimbursement with CDIP report		
	Fund Source State General Funds		Other		
	CFDA# N/A				
	MUNIS Project Number 18RM				
	Master Agreement Number N/A	10	Financial Reporting Method:		
			Electronic Submission		
4	Grant Authority (Source): KRS 158.441		Other		
_	A 14 4 0400 000 00	_ 44			
5	Award Amount: \$180,000.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by		
6	Period of Award:		KDE Program Contacts.		
0	July 1, 2025-June 30, 2026	wça	RDE Program Comacts.		
12	Consortia/Partnership Members: N/A				
13	Special Instructions/Conditions:				
_	·		Detec December 0,0005		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: December 2, 2025				
	Division of Budgets & Financial Manage	ement			

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Clay County		State
	Street Address 128 Richmond Road City, State Zip Manchester, KY 40962	4_	Federal
	City, State Zip Manchester, KY 40962		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Unitaren,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		Quarterly Reimbursement with CDIP report
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other Other
5	Award Amount: \$80,000.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemer	t	
	The state of the s		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Clinton County		State
	Street Address 1273 KY HWY 90 West Ste 103	1 th_	Federal
	City, State Zip Albany, KY 42602		Other:
			10-
	C	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Unilaren.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		
	Description School Resource Officer		Monthly Quarterly Reimbursement with CDIP report Other
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number 18RM	4	
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
		1	
5	Award Amount: \$80,000.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonw	ea.	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Manageme	nt	
	VIIICA		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Cloverport Ind.		State
	Street Address 301 Poplar Street	parti	Federal
	City, State Zip Cloverport, KY 40111	PCOT (1)	Other:
			46-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Unitaren	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		Quarterly Reimbursement with CDIP report
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number 18RM	- E-/	
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$20,000.00	111 11	Evaluations: Each program will be evaluated per
	D. I. CA		specific program guidelines to be disseminated by
6	Period of Award:	onwea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Brand		Date: December 2, 2025
	Division of Budgets & Financial N	lanagement	
		PAIL	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Corbin Ind.		State
	Street Address 108 Roy Kidd Avenue	4_	Federal
	Street Address 108 Roy Kidd Avenue City, State Zip Corbin, KY 40701		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$80,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipie	nt:	7	Fund Type:
	Agency Name Covington Ind.			State
	Street Address 25 E Seventh	Street Depar	4_	Federal
	City, State Zip Covington, KY	41011		Other:
				10-
		6.32	8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Lalah Brewer		Expenditure Reimbursement
	Street Address	300 Sower Blvd		Automatic Payment
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
	Sity, 111 2.1p	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		
	Description	School Resource Officer		Monthly Quarterly Reimbursement with CDIP report Other
	Fund Source	State General Funds		Other
	CFDA#	N/A		
	MUNIS Project Number	18RM		
	Master Agreement Number	N/A	10	Financial Reporting Method:
	Iviastei Agreement Number	IV/A	10	Electronic Submission
				Electronic Submission
4	Grant Authority (Source): KR	S 158.441		Other
	, , , , , , , , , , , , , , , , , , , ,			
5	Award Amount: \$60,000.00	011r	11	Evaluations: Each program will be evaluated per
		Oui		specific program guidelines to be disseminated by
6	Period of Award:	Commonw	2	KDE Program Contacts.
	July 1, 2025-June 30, 2026	Committee		
12	Consortia/Partnership Membe	rs: N/A		
13	Special Instructions/Condition	is:		
14	Authorized By (Name/Title): N	licole Crosthwaite, Budget Branch		Date: December 2, 2025
	_ ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	livision of Budgets & Financial Managemer	nt.	
		THI CO	11	
		duca		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Crittenden County		State
	Street Address 601 W Elm Street City, State Zip Marion, KY 42064	4_	Federal
	City, State Zip Marion, KY 42064		Other:
			10-
	C.D.S	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber		Electronic Submission
			Electionic editinisation
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$40,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Cumberland County		State
	Street Address 810 N Main Street City, State Zip Burkesville, KY 42717	4_	Federal
	City, State Zip Burkesville, KY 42717		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd	1	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		Quarterly Reimbursement with CDIP report
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
4	Grant Authority (Source): KRS 158.441		Other Other
5	Award Amount, \$40,000,00	11	Evaluational Each program will be evaluated nor
o	Award Amount: \$40,000.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by
6	Period of Award:		KDE Program Contacts.
•	July 1, 2025-June 30, 2026	Ja	TOTAL TOGICAL SOLUTION
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
'	Division of Budgets & Financial Managemer	nt .	Date. December 2, 2025
	Division of Dudgets & Financial Managemen		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Danville Ind.		State
	Street Address 115 E. Lexington Ave. City, State Zip Danville, KY 40422	4_	Federal
	City, State Zip Danville, KY 40422		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
•	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	I master / tg/s emineral master state and the state and th		Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$80,000.00	11	Evaluations: Each program will be evaluated per
	Odi		specific program guidelines to be disseminated by
6	Period of Award:	eal	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Daviess County		State
	Street Address 1622 Southeastern Parkway City, State Zip Owensboro, KY 42303	4_	Federal
	City, State Zip Owensboro, KY 42303		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
•	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	I master / tg/s emineral master state and the state and th		Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$180,000.00	11	Evaluations: Each program will be evaluated per
	Odi		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Dawson Springs Ind.		State
	Street Address 118 E Arcadia Avenue City, State Zip Dawson Springs, KY 42408	4_	Federal
	City, State Zip Dawson Springs, KY 42408		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Dayton Ind.		State
	Street Address 200 Clay Street City, State Zip Dayton, KY 41074	4_	Federal
	City, State Zip Dayton, KY 41074		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A	F	
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziodionio edamicolori
4	Grant Authority (Source): KRS 158.441	١ ١	Other
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	2	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:		
	Agency Name East Bernstadt Ind.		State		
	Street Address 296 East Highway 3094 City, State Zip East Bernstadt, KY 40729	1	Federal		
	City, State Zip East Bernstadt, KY 40729		Other:		
			10-		
		8	Method of Payment:		
2	KDE Contact Information:		Federal Cash Request		
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement		
	Street Address 300 Sower Blvd		Automatic Payment		
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum		
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor		
	City, KY Zip Frankfort, KY 40601				
	Children.	9	Reimbursement Frequency:		
3	Description/Fund Source of Award and Fiscal Year:				
	Description School Resource Officer		Quarterly Reimbursement with CDIP report		
	Fund Source State General Funds		Monthly Quarterly Reimbursement with CDIP report Other		
	CFDA# N/A				
	MUNIS Project Number 18RM				
	Master Agreement Number N/A	10	Financial Reporting Method:		
	Master / tg/sement talliser		Electronic Submission		
4	Grant Authority (Source): KRS 158.441		Other		
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per		
			specific program guidelines to be disseminated by		
6	Period of Award:	ea	KDE Program Contacts.		
	July 1, 2025-June 30, 2026				
12					
13	Special Instructions/Conditions:				
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025		
	Division of Budgets & Financial Management				
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	- dCa-				

1	Name and Address of Recipient:	7	Fund Type:			
	Agency Name Edmonson County		State			
	Street Address 100 Wildcat Way City, State Zip Brownsville, KY 42210	4_	Federal			
	City, State Zip Brownsville, KY 42210		Other:			
			10-			
		8	Method of Payment:			
2	KDE Contact Information:		Federal Cash Request			
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement			
	Street Address 300 Sower Blvd		Automatic Payment			
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum			
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor			
	City, KY Zip Frankfort, KY 40601					
	Children.	9	Reimbursement Frequency:			
3	Description/Fund Source of Award and Fiscal Year:		Monthly			
	Description School Resource Officer		Quarterly Reimbursement with CDIP report			
	Fund Source State General Funds		Other			
	CFDA# N/A	7				
	MUNIS Project Number 18RM					
	Master Agreement Number N/A	10	Financial Reporting Method:			
	· ·		Electronic Submission			
4	Grant Authority (Source): KRS 158.441		Other			
5	Award Amount: \$80,000.00	11	Evaluations: Each program will be evaluated per			
			specific program guidelines to be disseminated by			
6	Period of Award:	ea	KDE Program Contacts.			
	July 1, 2025-June 30, 2026					
12	Consortia/Partnership Members: N/A					
13	Special Instructions/Conditions:					
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025			
	Division of Budgets & Financial Managemen	t				

1	Name and Address of Recipient:	7	Fund Type:		
	Agency Name Elizabethtown Ind.		State		
	Street Address 219 Helm Street City, State Zip Elizabethtown, KY 42701	4_	Federal		
	City, State Zip Elizabethtown, KY 42701		Other:		
			10-		
		8	Method of Payment:		
2	KDE Contact Information:		Federal Cash Request		
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement		
	Street Address 300 Sower Blvd		Automatic Payment		
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum		
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor		
	City, KY Zip Frankfort, KY 40601				
	Children.	9	Reimbursement Frequency:		
3	Description/Fund Source of Award and Fiscal Year:		Monthly		
	Description School Resource Officer				
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other		
	CFDA# N/A				
	MUNIS Project Number 18RM				
	Master Agreement Number N/A	10	Financial Reporting Method:		
	I master / tg/s emineral master state and the state and th		Electronic Submission		
4	Grant Authority (Source): KRS 158.441		Other		
5	Award Amount: \$80,000.00	11	Evaluations: Each program will be evaluated per		
			specific program guidelines to be disseminated by		
6	Period of Award:	ea	KDE Program Contacts.		
	July 1, 2025-June 30, 2026				
12	Consortia/Partnership Members: N/A				
13	Special Instructions/Conditions:				
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025		
	Division of Budgets & Financial Managemen	t			

1	Name and Address of Recipient:	7	Fund Type:		
	Agency Name Elliott County		State		
	Street Address P.O. Box 767 City, State Zip Sandy Hook, KY 41171	4_	Federal		
	City, State Zip Sandy Hook, KY 41171		Other:		
			10-		
		8	Method of Payment:		
2	KDE Contact Information:		Federal Cash Request		
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement		
	Street Address 300 Sower Blvd		Automatic Payment		
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum		
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor		
	City, KY Zip Frankfort, KY 40601				
	Children.	9	Reimbursement Frequency:		
3	Description/Fund Source of Award and Fiscal Year:		Monthly		
	Description School Resource Officer				
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other		
	CFDA# N/A				
	MUNIS Project Number 18RM				
	Master Agreement Number N/A	10	Financial Reporting Method:		
	Waster Agreement Pumber	.0	Electronic Submission		
			Ziostionio odpiniosioni		
4	Grant Authority (Source): KRS 158.441		Other		
5	Award Amount: \$40,000.00	11	Evaluations: Each program will be evaluated per		
	Our		specific program guidelines to be disseminated by		
6	Period of Award:	22	KDE Program Contacts.		
	July 1, 2025-June 30, 2026				
12	Consortia/Partnership Members: N/A				
13	Special Instructions/Conditions:				
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025		
	Division of Budgets & Financial Managemen	t			

1	Name and Address of Recipie	nt:	7	Fund Type:	
	Agency Name Eminence Ind.			State	
	Street Address 291 West Broa	dway Street Depart	4_	Federal	
	City, State Zip Eminence, KY	40019		Other:	
				10-	
		6.32	8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant – Phone #	Lalah Brewer		Expenditure Reimbursement	
	Street Address	300 Sower Blvd		Automatic Payment	
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum	
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
	ony, nn Eip	Children.	9	Reimbursement Frequency:	
3	Description/Fund Source of A	ward and Fiscal Year:			
	Description	School Resource Officer		Monthly Quarterly Reimbursement with CDIP report Other	
	Fund Source	State General Funds		Other	
	CFDA#	N/A			
	MUNIS Project Number	18RM			
	Master Agreement Number	N/A	10	Financial Reporting Method:	
	Waster Agreement Number	IVA	10	Electronic Submission	
				Electionic oubinission	
4	Grant Authority (Source): KR	S 158.441		Other	
	, ,				
5	Award Amount: \$20,000.00	<u> </u>	11	Evaluations: Each program will be evaluated per	
		Cul		specific program guidelines to be disseminated by	
6	Period of Award:	Commonwo	2	KDE Program Contacts.	
	July 1, 2025-June 30, 2026	Committee			
12					
13	Special Instructions/Condition	s:			
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: December 2, 2025				
	Division of Budgets & Financial Management				
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1	Name and Address of Recipient:	7	Fund Type:		
	Agency Name Erlanger-Elsmere Ind.		State		
	Street Address 500 Graves Avenue City, State Zip Erlanger, KY 41018	4_	Federal		
	City, State Zip Erlanger, KY 41018		Other:		
			10-		
		8	Method of Payment:		
2	KDE Contact Information:		Federal Cash Request		
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement		
	Street Address 300 Sower Blvd		Automatic Payment		
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum		
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor		
	City, KY Zip Frankfort, KY 40601				
	Children.	9	Reimbursement Frequency:		
3	Description/Fund Source of Award and Fiscal Year:		Monthly		
	Description School Resource Officer				
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other		
	CFDA# N/A				
	MUNIS Project Number 18RM				
	Master Agreement Number N/A	10	Financial Reporting Method:		
	I master / tg/s emineral master state and the state and th		Electronic Submission		
4	Grant Authority (Source): KRS 158.441		Other		
5	Award Amount: \$100,000.00	11	Evaluations: Each program will be evaluated per		
	Odi		specific program guidelines to be disseminated by		
6	Period of Award:	ea	KDE Program Contacts.		
	July 1, 2025-June 30, 2026				
12	Consortia/Partnership Members: N/A				
13	Special Instructions/Conditions:				
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025		
	Division of Budgets & Financial Managemen	t			

1	Name and Address of Recipient:	7	Fund Type:		
	Agency Name Estill County		State		
	Street Address 253 Main Street City, State Zip Irvine, KY 40336	4_	Federal		
	City, State Zip Irvine, KY 40336		Other:		
			10-		
		8	Method of Payment:		
2	KDE Contact Information:		Federal Cash Request		
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement		
	Street Address 300 Sower Blvd		Automatic Payment		
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum		
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor		
	City, KY Zip Frankfort, KY 40601				
	Children.	9	Reimbursement Frequency:		
3	Description/Fund Source of Award and Fiscal Year:		Monthly		
	Description School Resource Officer				
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other		
	CFDA# N/A	>			
	MUNIS Project Number 18RM				
	Master Agreement Number N/A	10	Financial Reporting Method:		
	The second secon		Electronic Submission		
4	Grant Authority (Source): KRS 158.441		Other		
5	Award Amount: \$80,000.00	11	Evaluations: Each program will be evaluated per		
	Odi		specific program guidelines to be disseminated by		
6	Period of Award:	ea	KDE Program Contacts.		
	July 1, 2025-June 30, 2026				
12	Consortia/Partnership Members: N/A				
13	Special Instructions/Conditions:				
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025		
	Division of Budgets & Financial Managemen	t			

1	Name and Address of Recipient:	7	Fund Type:		
	Agency Name Fairview Ind.		State		
	Street Address 2100 Main Street City, State Zip Ashland, KY 41102	10 1	Federal		
	City, State Zip Ashland, KY 41102		Other:		
			10-		
		8	Method of Payment:		
2	KDE Contact Information:		Federal Cash Request		
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement		
	Street Address 300 Sower Blvd		Automatic Payment		
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum		
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor		
	City, KY Zip Frankfort, KY 40601				
	Children.	9	Reimbursement Frequency:		
3	Description/Fund Source of Award and Fiscal Year:				
	Description School Resource Officer		Monthly Quarterly Reimbursement with CDIP report Other		
	Fund Source State General Funds		Other		
	CFDA# N/A				
	MUNIS Project Number 18RM	4			
	Master Agreement Number N/A	10	Financial Reporting Method:		
	Master / Greenlent tunings		Electronic Submission		
4	Grant Authority (Source): KRS 158.441		Other		
5	Award Amount: \$40,000.00	11	Evaluations: Each program will be evaluated per		
			specific program guidelines to be disseminated by		
6	Period of Award:	ea.	KDE Program Contacts.		
	July 1, 2025-June 30, 2026				
12					
13	Special Instructions/Conditions:				
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: December 2, 2025				
	Division of Budgets & Financial Management				
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1	Name and Address of Recipient:	7	Fund Type:		
	Agency Name Fayette County		State		
	Street Address 450 Park Place City, State Zip Lexington, KY 40511	4_	Federal		
	City, State Zip Lexington, KY 40511		Other:		
			10-		
		8	Method of Payment:		
2	KDE Contact Information:		Federal Cash Request		
	Program Consultant – Phone # Lalah Brewer				
	Street Address 300 Sower Blvd		Automatic Payment		
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum		
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor		
	City, KY Zip Frankfort, KY 40601				
	Children.	9	Reimbursement Frequency:		
3	Description/Fund Source of Award and Fiscal Year:		Monthly		
	Description School Resource Officer				
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other		
	CFDA# N/A	F			
	MUNIS Project Number 18RM				
	Master Agreement Number N/A	10	Financial Reporting Method:		
	Waster Agreement Pumber	.0	Electronic Submission		
			Ziodionio edamicolori		
4	Grant Authority (Source): KRS 158.441	١ ١	Other		
5	Award Amount: \$1,140,000.00	11	Evaluations: Each program will be evaluated per		
	Our		specific program guidelines to be disseminated by		
6	Period of Award:	22	KDE Program Contacts.		
	July 1, 2025-June 30, 2026				
12	Consortia/Partnership Members: N/A				
13	Special Instructions/Conditions:				
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025		
	Division of Budgets & Financial Management				

1	Name and Address of Recipient:	7	Fund Type:	
	Agency Name Fleming County		State	
	Street Address 211 W Water Street City, State Zip Flemingsburg, KY 41041	4_	Federal	
	City, State Zip Flemingsburg, KY 41041		Other:	
			10-	
		8	Method of Payment:	
2	KDE Contact Information:		Federal Cash Request	
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement	
	Street Address 300 Sower Blvd		Automatic Payment	
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum	
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor	
	City, KY Zip Frankfort, KY 40601			
	Children.	9	Reimbursement Frequency:	
3	Description/Fund Source of Award and Fiscal Year:		Monthly	
	Description School Resource Officer			
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other	
	CFDA# N/A	F		
	MUNIS Project Number 18RM			
	Master Agreement Number N/A	10	Financial Reporting Method:	
	Waster Agreement Pumber	.0	Electronic Submission	
			Ziodionio edamicolori	
4	Grant Authority (Source): KRS 158.441	١ ١	Other	
5	Award Amount: \$80,000.00	11	Evaluations: Each program will be evaluated per	
	Our		specific program guidelines to be disseminated by	
6	Period of Award:	22	KDE Program Contacts.	
	July 1, 2025-June 30, 2026			
12	Consortia/Partnership Members: N/A			
13	Special Instructions/Conditions:			
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025	
	Division of Budgets & Financial Managemen	t		

1	Name and Address of Recipier	nt:	7	Fund Type:	
	Agency Name Floyd County			State	
	Street Address 442 KY RT 550	nepar	4_	Federal	
	City, State Zip Eastern, KY 4	1622		Other:	
				10-	
		6.32	8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant – Phone #	Lalah Brewer		Expenditure Reimbursement	
	Street Address	300 Sower Blvd		Automatic Payment	
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum	
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
	ony, nn Eip	Children.	9	Reimbursement Frequency:	
3	Description/Fund Source of Av	ward and Fiscal Year:			
	Description	School Resource Officer		Quarterly Reimbursement with CDIP report	
	Fund Source	State General Funds		Monthly Quarterly Reimbursement with CDIP report Other	
	CFDA#	N/A			
	MUNIS Project Number	18RM			
	Master Agreement Number	N/A	10	Financial Reporting Method:	
	Iviaster Agreement Number	IV/A	10	Electronic Submission	
				Electionic oubinission	
4	Grant Authority (Source): KR	S 158.441		Other	
	, ,				
5	Award Amount: \$240,000.00	<u> </u>	11	Evaluations: Each program will be evaluated per	
		G		specific program guidelines to be disseminated by	
6	Period of Award:	Commonwo	PA	KDE Program Contacts.	
	July 1, 2025-June 30, 2026	Committee		CII /	
12					
13	Special Instructions/Conditions:				
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: December 2, 2025				
	Division of Budgets & Financial Management				
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	Au Car				

1	Name and Address of Recipient:	7	Fund Type:		
	Agency Name Fort Thomas Ind.		State		
	Street Address 28 N Ft Thomas Avenue City State Zip Fort Thomas KY 41075	1114	Federal		
	City, State Zip Fort Thomas, KY 41075		Other:		
			10-		
	C	8	Method of Payment:		
2	KDE Contact Information:		Federal Cash Request		
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement		
	Street Address 300 Sower Blvd		Automatic Payment		
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum		
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor		
	City, KY Zip Frankfort, KY 40601				
	Children.	9	Reimbursement Frequency:		
3	Description/Fund Source of Award and Fiscal Year:				
	Description School Resource Officer		Monthly Quarterly Reimbursement with CDIP report Other		
	Fund Source State General Funds		Other		
	CFDA# N/A				
	MUNIS Project Number 18RM	V /			
	Master Agreement Number N/A	10	Financial Reporting Method:		
	massir, tgrooment tallings		Electronic Submission		
4	Grant Authority (Source): KRS 158.441		Other		
5	Award Amount: \$40,000.00	11	Evaluations: Each program will be evaluated per		
	Out		specific program guidelines to be disseminated by		
6	Period of Award:	Wea	KDE Program Contacts.		
	July 1, 2025-June 30, 2026				
12					
13	Special Instructions/Conditions:				
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: December 2, 2025				
	Division of Budgets & Financial Management				
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1	Name and Address of Recipient:	7	Fund Type:			
	Agency Name Frankfort Ind.		State			
	Street Address 959 Leestown Lane City, State Zip Frankfort, KY 40601	4_	Federal			
	City, State Zip Frankfort, KY 40601		Other:			
			10-			
		8	Method of Payment:			
2	KDE Contact Information:		Federal Cash Request			
	Program Consultant – Phone # Lalah Brewer					
	Street Address 300 Sower Blvd		Automatic Payment			
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum			
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor			
	City, KY Zip Frankfort, KY 40601					
	Children.	9	Reimbursement Frequency:			
3	Description/Fund Source of Award and Fiscal Year:		Monthly			
	Description School Resource Officer					
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other			
	CFDA# N/A					
	MUNIS Project Number 18RM					
	Master Agreement Number N/A	10	Financial Reporting Method:			
	I master / tg/s emineral master state and the state st		Electronic Submission			
4	Grant Authority (Source): KRS 158.441		Other			
5	Award Amount: \$0.00	11	Evaluations: Each program will be evaluated per			
			specific program guidelines to be disseminated by			
6	Period of Award:	eal	KDE Program Contacts.			
	July 1, 2025-June 30, 2026					
12	Consortia/Partnership Members: N/A					
13	Special Instructions/Conditions:					
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025			
	Division of Budgets & Financial Managemen	t				
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1	Name and Address of Recipient:	7	Fund Type:		
	Agency Name Franklin County		State		
	Street Address 652 Chamberlin Ave. City, State Zip Frankfort, KY 40601	4_	Federal		
	City, State Zip Frankfort, KY 40601		Other:		
			10-		
		8	Method of Payment:		
2	KDE Contact Information:		Federal Cash Request		
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement		
	Street Address 300 Sower Blvd		Automatic Payment		
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum		
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor		
	City, KY Zip Frankfort, KY 40601				
	Children.	9	Reimbursement Frequency:		
3	Description/Fund Source of Award and Fiscal Year:		Monthly		
	Description School Resource Officer				
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other		
	CFDA# N/A				
	MUNIS Project Number 18RM				
	Master Agreement Number N/A	10	Financial Reporting Method:		
	Waster Agreement Pumber	.0	Electronic Submission		
			Zissionio edaminosioni		
4	Grant Authority (Source): KRS 158.441		Other		
5	Award Amount: \$220,000.00	11	Evaluations: Each program will be evaluated per		
	Our		specific program guidelines to be disseminated by		
6	Period of Award:	2	KDE Program Contacts.		
	July 1, 2025-June 30, 2026	DEE			
12	Consortia/Partnership Members: N/A	•			
13	Special Instructions/Conditions:				
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025		
	Division of Budgets & Financial Managemen	t			

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Fulton County		State
	Street Address 2780 Moscow Avenue City, State Zip Hickman, KY 42050	4_	Federal
	City, State Zip Hickman, KY 42050		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd	4	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		Quarterly Reimbursement with CDIP report
	Fund Source State General Funds		Other
	CFDA# N/A	7	
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per
	David of Assessed		specific program guidelines to be disseminated by
6	Period of Award:	d	KDE Program Contacts.
40	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:		
	Agency Name Fulton Ind.		State		
	Street Address 304 West State Line City, State Zip Fulton, KY 42041	4_	Federal		
	City, State Zip Fulton, KY 42041		Other:		
			10-		
	C.D.S	8	Method of Payment:		
2	KDE Contact Information:		Federal Cash Request		
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement		
	Street Address 300 Sower Blvd		Automatic Payment		
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum		
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor		
	City, KY Zip Frankfort, KY 40601				
	Children.	9	Reimbursement Frequency:		
3	Description/Fund Source of Award and Fiscal Year:		Monthly		
	Description School Resource Officer				
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other		
	CFDA# N/A	>			
	MUNIS Project Number 18RM				
	Master Agreement Number N/A	10	Financial Reporting Method:		
	The second secon		Electronic Submission		
4	Grant Authority (Source): KRS 158.441		Other		
5	Award Amount: \$40,000.00	11	Evaluations: Each program will be evaluated per		
	C		specific program guidelines to be disseminated by		
6	Period of Award:	ea	KDE Program Contacts.		
	July 1, 2025-June 30, 2026				
12	Consortia/Partnership Members: N/A				
13	Special Instructions/Conditions:				
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025		
	Division of Budgets & Financial Managemen	t			

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Gallatin County		State
	Street Address 600 E Main Street City, State Zip Warsaw, KY 41095	4_	Federal
	City, State Zip Warsaw, KY 41095		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Zissionio edaminosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	2	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Garrard County		State
	Street Address 322 West Maple Avenue City, State Zip Lancaster, KY 40444	4_	Federal
	City, State Zip Lancaster, KY 40444		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Number	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$80,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemer	t	

1	Name and Address of Recipient:	7	Fund Type:		
	Agency Name Glasgow Ind.		State		
	Street Address 711 S. L. Rogers Wells Blvd. City. State Zip Glasgow, KY 42142	4_	Federal		
	City, State Zip Glasgow, KY 42142		Other:		
			10-		
		8	Method of Payment:		
2	KDE Contact Information:		Federal Cash Request		
	Program Consultant – Phone # Lalah Brewer				
	Street Address 300 Sower Blvd		Automatic Payment		
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum		
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor		
	City, KY Zip Frankfort, KY 40601				
	Children.	9	Reimbursement Frequency:		
3	Description/Fund Source of Award and Fiscal Year:		Monthly		
	Description School Resource Officer				
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other		
	CFDA# N/A				
	MUNIS Project Number 18RM				
	Master Agreement Number N/A	10	Financial Reporting Method:		
	I master / tg/s emineral master state and the state and th		Electronic Submission		
4	Grant Authority (Source): KRS 158.441		Other		
5	Award Amount: \$80,000.00	11	Evaluations: Each program will be evaluated per		
	C		specific program guidelines to be disseminated by		
6	Period of Award:	22	KDE Program Contacts.		
	July 1, 2025-June 30, 2026				
12	Consortia/Partnership Members: N/A				
13	Special Instructions/Conditions:				
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025		
	Division of Budgets & Financial Managemen	t			

1	Name and Address of Recipient:	7	Fund Type:		
	Agency Name Grant County		State		
	Street Address 820 Arnie Risen Boulevard City, State Zip Williamstown, KY 41097	4_	Federal		
	City, State Zip Williamstown, KY 41097		Other:		
			10-		
		8	Method of Payment:		
2	KDE Contact Information:		Federal Cash Request		
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement		
	Street Address 300 Sower Blvd		Automatic Payment		
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum		
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor		
	City, KY Zip Frankfort, KY 40601				
	Children.	9	Reimbursement Frequency:		
3	Description/Fund Source of Award and Fiscal Year:		Monthly		
	Description School Resource Officer				
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other		
	CFDA# N/A				
	MUNIS Project Number 18RM				
	Master Agreement Number N/A	10	Financial Reporting Method:		
	Waster Agreement Pumber	.0	Electronic Submission		
			Ziostionio odpiniosioni		
4	Grant Authority (Source): KRS 158.441		Other		
5	Award Amount: \$100,000.00	11	Evaluations: Each program will be evaluated per		
	Our		specific program guidelines to be disseminated by		
6	Period of Award:	2	KDE Program Contacts.		
	July 1, 2025-June 30, 2026				
12	Consortia/Partnership Members: N/A				
13	Special Instructions/Conditions:				
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025		
	Division of Budgets & Financial Managemen	t			

1	Name and Address of Recipient:	7	Fund Type:		
	Agency Name Graves County		State		
	Street Address 2290 State Rt 121 N. City, State Zip Mayfield, KY 42066	4_	Federal		
	City, State Zip Mayfield, KY 42066		Other:		
			10-		
		8	Method of Payment:		
2	KDE Contact Information:		Federal Cash Request		
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement		
	Street Address 300 Sower Blvd		Automatic Payment		
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum		
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor		
	City, KY Zip Frankfort, KY 40601				
	Children.	9	Reimbursement Frequency:		
3	Description/Fund Source of Award and Fiscal Year:		Monthly		
	Description School Resource Officer				
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other		
	CFDA# N/A				
	MUNIS Project Number 18RM				
	Master Agreement Number N/A	10	Financial Reporting Method:		
	Waster Agreement Pumber	.0	Electronic Submission		
			Ziostionio odpiniosioni		
4	Grant Authority (Source): KRS 158.441		Other		
5	Award Amount: \$140,000.00	11	Evaluations: Each program will be evaluated per		
	Our		specific program guidelines to be disseminated by		
6	Period of Award:	RA	KDE Program Contacts.		
	July 1, 2025-June 30, 2026				
12	Consortia/Partnership Members: N/A				
13	Special Instructions/Conditions:				
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025		
	Division of Budgets & Financial Managemen	t			

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Grayson County		State
	Street Address 790 Shaw Station Road City, State Zip Leitchfield, KY 42755	4_	Federal
	City, State Zip Leitchfield, KY 42755		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
•	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Master Agreement Parison		Electronic Submission
			Ziosiionio edamicoloni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$80,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Green County		State
	Street Address 402 East Hodgenville Ave City, State Zip Greensburg, KY 42743	4_	Federal
	City, State Zip Greensburg, KY 42743		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A	-	
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Electronic editinission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	2	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Greenup County		State
	Street Address 45 Musketeer Drive City, State Zip Greenup, KY 41144	4_	Federal
	City, State Zip Greenup, KY 41144		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A	F	
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziodionio edamicolori
4	Grant Authority (Source): KRS 158.441	١ ١	Other
5	Award Amount: \$60,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	2	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Hancock County		State
	Street Address 83 State Route 3543 City, State Zip Hawesville, KY 42348	4_	Federal
	City, State Zip Hawesville, KY 42348		Other:
			10-
	C.D.S	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$60,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	2	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Hardin County		State
	Street Address 65 W A Jenkins Road City, State Zip Elizabethtown, KY 42701	4_	Federal
	City, State Zip Elizabethtown, KY 42701		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		Quarterly Reimbursement with CDIP report
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$400,000.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Harlan County		State
	Street Address 251 Ball Park Road City, State Zip Harlan, KY 40831	4_	Federal
	City, State Zip Harlan, KY 40831		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd	4	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Unitaren,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		Quarterly Reimbursement with CDIP report
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other Other
_	Aurand Amounts \$400,000,00	44	Fuglisations: Fook was were will be evaluated you
5	Award Amount: \$180,000.00	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by
6	Period of Award:		KDE Program Contacts.
0	July 1, 2025-June 30, 2026	Jai	RDE Frogram Contacts.
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
'*	Division of Budgets & Financial Managemen	t	Date. December 2, 2025
	Division of Dudgets & Financial Managemen	71	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Harlan Ind.		State
	Street Address 420 E Central Street City, State Zip Harlan, KY 40831	4_	Federal
	City, State Zip Harlan, KY 40831		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Electronic editinication
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Harrison County		State
	Street Address 308 Webster Avenue City, State Zip Cynthiana, KY 41031	4_	Federal
	City, State Zip Cynthiana, KY 41031		Other:
			10-
	C.D.S	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Electronic editinication
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$40,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026	DEE	
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Hart County		State
	Street Address 25 Quality Street City, State Zip Munfordville, KY 42765	4_	Federal
	City, State Zip Munfordville, KY 42765		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	I master / tg/semment		Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$120,000.00	11	Evaluations: Each program will be evaluated per
	C		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	
	71114001		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Hazard Ind.		State
	Street Address 705 Main Street City, State Zip Hazard, KY 41701	4_	Federal
	City, State Zip Hazard, KY 41701		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd	4	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Unitaren,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		Quarterly Reimbursement with CDIP report
	Fund Source State General Funds		Other
	CFDA# N/A	7	
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other Other
5	Award Amount: \$60,000.00	11	Evaluations: Each program will be evaluated per
_	Davis d of Assert		specific program guidelines to be disseminated by
6	Period of Award:	ta	KDE Program Contacts.
40	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemer	t	
	The second secon		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Henderson County		State
	Street Address 1805 Second Street City, State Zip Henderson, KY 42420	4_	Federal
	City, State Zip Henderson, KY 42420		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
•	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	I master / tg/s emineral manufacture in the master in the		Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$260,000.00	11	Evaluations: Each program will be evaluated per
	C		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	
	YIIIAAA		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Henry County		State
	Street Address 326 S Main Street City, State Zip New Castle, KY 40050	4_	Federal
	City, State Zip New Castle, KY 40050		Other:
			10-
	C.D.S	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A	-	
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$40,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	R	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Hickman County		State
	Street Address 416 Waterfield Drive North City, State Zip Clinton, KY 42031	4_	Federal
	City, State Zip Clinton, KY 42031		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Hopkins County		State
	Street Address 320 S Seminary Street City, State Zip Madisonville, KY 42431	4_	Federal
	City, State Zip Madisonville, KY 42431		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$240,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Jackson County		State
	Street Address 3331 Hwy 421 South City, State Zip McKee, KY 40447	4_	Federal
	City, State Zip McKee, KY 40447		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$100,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	2	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Jackson Ind.		State
	Street Address 940 Highland Avenue City, State Zip Jackson, KY 41339	4_	Federal
	City, State Zip Jackson, KY 41339		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
•	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A	>	
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$0.00	11	Evaluations: Each program will be evaluated per
	Odi		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Jefferson County		State
	Street Address 3332 Newburg Road City, State Zip Louisville, KY 40218	4_	Federal
	City, State Zip Louisville, KY 40218		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Unitaren,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		Quarterly Reimbursement with CDIP report
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
4	Grant Authority (Source): KRS 158.441		Other Other
		<u> </u>	
5	Award Amount: \$1,440,000.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonw	ea.	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	nt	
	YUIICA		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Jenkins Ind.		State
	Street Address 9409 Hwy 805 City, State Zip Jenkins, KY 41537	4_	Federal
	City, State Zip Jenkins, KY 41537		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	I master / tg/s emineral master state and the state st		Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per
	C		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	
	71114001		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Jessamine County		State
	Street Address 871 Wilmore Road City, State Zip Nicholasville, KY 40356	4_	Federal
	City, State Zip Nicholasville, KY 40356		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	I master / tg/s emineral master state and the state st		Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$180,000.00	11	Evaluations: Each program will be evaluated per
	C		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	
	71114001		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Johnson County		State
	Street Address 253 North Mayo Trail City, State Zip Paintsville, KY 41240	4_	Federal
	City, State Zip Paintsville, KY 41240		Other:
			10-
	C.D.S	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$80,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Kenton County		State
	Street Address 1055 Eaton Drive City, State Zip Fort Wright, KY 41017	4_	Federal
	City, State Zip Fort Wright, KY 41017		Other:
			40.
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		Quarterly Reimbursement with CDIP report Other
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other Other
5	Award Amount: \$340,000.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	ea.	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name KY School for the Blind		State
	Street Address 1867 Frankfort Avenue City, State Zip Louisville, KY 40206	4_	Federal
	City, State Zip Louisville, KY 40206	Ui	Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	The second secon		Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	
	711160		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name KY School for the Deaf		State
	Street Address P.O. Box 27 City, State Zip Danville, KY 40423	4_	Federal
	City, State Zip Danville, KY 40423		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Master Agreement Number		Electronic Submission
			Electionic oubinission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	2	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemer	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Knott County		State
	Street Address 1156 Hindman Bypass City, State Zip Hindman, KY 41822	4_	Federal
	City, State Zip Hindman, KY 41822		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A	F	
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziodionio edamicolori
4	Grant Authority (Source): KRS 158.441	١ ١	Other
5	Award Amount: \$120,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	R	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A	•	
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Knox County		State
	Street Address 200 Daniel Boone Drive City, State Zip Barbourville, KY 40906	4_	Federal
	City, State Zip Barbourville, KY 40906		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		Quarterly Reimbursement with CDIP report
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$220,000.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name LaRue County		State
	Street Address 208 College Street City, State Zip Hodgenville, KY 42748	4_	Federal
	City, State Zip Hodgenville, KY 42748		Other:
			40.
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		Quarterly Reimbursement with CDIP report Other
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other Other
5	Award Amount: \$40,000.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Laurel County		State
	Street Address 718 North Main Street City, State Zip London, KY 40741	4_	Federal
	City, State Zip London, KY 40741		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$340,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Lawrence County		State
	Street Address 50 Bulldog Lane City, State Zip Louisa, KY 41230	4 _	Federal
	City, State Zip Louisa, KY 41230		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		Quarterly Reimbursement with CDIP report
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other Other
5	Award Amount: \$40,000.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemer	t	
	The state of the s		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Lee County		State
	Street Address 242 Lee Avenue City, State Zip Beattyville, KY 41311	4_	Federal
	City, State Zip Beattyville, KY 41311		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Number	.0	Electronic Submission
			Electronic editinission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$40,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemer	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Leslie County		State
	Street Address 108 Maple Street City, State Zip Hyden, KY 41749	4_	Federal
	City, State Zip Hyden, KY 41749		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$100,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Letcher County		State
	Street Address 224 Park Street City, State Zip Whitesburg, KY 41858	4_	Federal
	City, State Zip Whitesburg, KY 41858		Other:
			10-
	C.D.S	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A	-	
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Lewis County		State
	Street Address 65 Central Elementary City, State Zip Vanceburg, KY 41179	4_	Federal
	City, State Zip Vanceburg, KY 41179		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Number	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemer	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Lincoln County		State
	Street Address 305 Danville Avenue City, State Zip Stanford, KY 40484	4_	Federal
	City, State Zip Stanford, KY 40484		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Electionic editinisation
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$120,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	2	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Livingston County		│
	Street Address 127 E Adair Street City, State Zip Smithland, KY 42081	4_	Federal
	City, State Zip Smithland, KY 42081		Other:
			10.
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		Quarterly Reimbursement with CDIP report Other
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$60,000.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Logan County		State
	Street Address 2222 Bowling Green Road City, State Zip Russellville, KY 42276	4_	Federal
	City, State Zip Russellville, KY 42276		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Electronic editinission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$120,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Ludlow Ind.		State
	Street Address 525 Elm Street City, State Zip Ludlow, KY 41016	4_	Federal
	City, State Zip Ludlow, KY 41016		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipier	nt:	7	Fund Type:	
	Agency Name Lyon County			State	
	Street Address 217 Jenkins Ro	oad 10 a 10 a 10	4_	Federal	
	City, State Zip Eddyville, KY	pad 42038 Depar		Other:	
				10-	
		0.32	8	Method of Payment:	
2	KDE Contact Information:	.1		Federal Cash Request	
	Program Consultant – Phone #	Lalah Brewer		Expenditure Reimbursement	
	Street Address	300 Sower Blvd		Automatic Payment	
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum	
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
	Oity, ICT Zip	Children.	9	Reimbursement Frequency:	
3	Description/Fund Source of Av	ward and Fiscal Voar:	-		
5	Description Description	School Resource Officer		Monthly Quarterly Reimbursement with CDIP report Other	
	Fund Source	State General Funds		Other	
	CFDA#	N/A		U Otilei	
	MUNIS Project Number	18RM			
	Master Agreement Number	N/A	10	Financial Reporting Method:	
	Master Agreement Number	N/A	10		
				Electronic Submission	
4	Grant Authority (Source): KR	S 158 441		Other	
	Grant Additiontly (Goding). The	7 100.771		<u> </u>	
5	Award Amount: \$20,000.00	<u> </u>	11	Evaluations: Each program will be evaluated per	
	7 4 = 3,000	Oui		specific program guidelines to be disseminated by	
6	Period of Award:	Commonw	20	KDE Program Contacts.	
	July 1, 2025-June 30, 2026	COMMITTEE			
12	Consortia/Partnership Membe	rs: N/A			
13	Special Instructions/Condition				
14	Authorized By (Name/Title): N	icole Crosthwaite, Budget Branch		Date: December 2, 2025	
	Division of Budgets & Financial Management				
	_	YUIIAA	N.		

1	Name and Address of Recipient:	7	Fund Type:			
	Agency Name Madison County		State			
	Street Address 301 Highland Park Drive City, State Zip Richmond, KY 40476	4_	Federal			
	City, State Zip Richmond, KY 40476		Other:			
			10-			
		8	Method of Payment:			
2	KDE Contact Information:		Federal Cash Request			
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement			
	Street Address 300 Sower Blvd		Automatic Payment			
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum			
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor			
	City, KY Zip Frankfort, KY 40601					
	Children.	9	Reimbursement Frequency:			
3	Description/Fund Source of Award and Fiscal Year:		Monthly			
	Description School Resource Officer					
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other			
	CFDA# N/A					
	MUNIS Project Number 18RM					
	Master Agreement Number N/A	10	Financial Reporting Method:			
	The second secon		Electronic Submission			
4	Grant Authority (Source): KRS 158.441		Other			
5	Award Amount: \$180,000.00	11	Evaluations: Each program will be evaluated per			
	Our		specific program guidelines to be disseminated by			
6	Period of Award:	ea	KDE Program Contacts.			
	July 1, 2025-June 30, 2026					
12	Consortia/Partnership Members: N/A					
13	Special Instructions/Conditions:					
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025			
	Division of Budgets & Financial Managemer	t				

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Magoffin County		State
	Street Address 109 Gardner Trail City, State Zip Salyersville, KY 41465	4_	Federal
	City, State Zip Salyersville, KY 41465		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd	4	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Unitaren,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		Quarterly Reimbursement with CDIP report
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other Other
5	Award Amount: \$60,000.00	11	Evaluations: Each program will be evaluated per
_	Davis d of Assert		specific program guidelines to be disseminated by
6	Period of Award:	ta	KDE Program Contacts.
40	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	
	THE STATE OF THE S		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Marion County		State
	Street Address 755 E Main Street City, State Zip Lebanon, KY 40033	4_	Federal
	City, State Zip Lebanon, KY 40033		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$40,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Marshall County		State
	Street Address 86 High School Road City, State Zip Benton, KY 42025	4_	Federal
	City, State Zip Benton, KY 42025		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$180,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	2	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Martin County		State
	Street Address 104 East Main Street City, State Zip Inez, KY 41224	4_	Federal
	City, State Zip Inez, KY 41224		Other:
			10-
	C.D.S	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber		Electronic Submission
			Zissionio edaminosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$60,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Mason County		State
	Street Address 34 East 2nd Street City, State Zip Maysville, KY 41056	4_	Federal
	City, State Zip Maysville, KY 41056		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Zissionio edaminosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$40,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Mayfield Ind.		State
	Street Address 914 E College Stret City, State Zip Mayfield, KY 42066	4_	Federal
	City, State Zip Mayfield, KY 42066		Other:
			10-
	C.D.S	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber		Electronic Submission
			Ziodionio edamicolori
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$60,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name McCracken County		State
	Street Address 300 Cumberland Ave City, State Zip Paducah, KY 42001	4_	Federal
	City, State Zip Paducah, KY 42001		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$200,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	2	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name McCreary County		State
	Street Address 120 Raider Way City, State Zip Stearns, KY 42647	4_	Federal
	City, State Zip Stearns, KY 42647		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$100,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	2	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name McLean County		State
	Street Address 410 Highway 136 East City, State Zip Calhoun, KY 42327	4_	Federal
	City, State Zip Calhoun, KY 42327		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A	-	
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Meade County		State
	Street Address 1155 Old Ekron Road City, State Zip Brandenburg, KY 40108	4_	Federal
	City, State Zip Brandenburg, KY 40108		Other:
			10-
	C.D.S	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$80,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026	DEE	
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Menifee County		State
	Street Address 440 Wynn Flat Road City, State Zip Frenchburg, KY 40322	4_	Federal
	City, State Zip Frenchburg, KY 40322		Other:
			10-
	C.D.S	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$60,000.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	
	YIIIAAA		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Mercer County		State
	Street Address 530 Perryville Road City, State Zip Harrodsburg, KY 40330	4_	Federal
	City, State Zip Harrodsburg, KY 40330		Other:
			10-
	CIPS	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	I master / tg/s emineral master state and stat		Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$60,000.00	11	Evaluations: Each program will be evaluated per
	C		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	
	7/11460		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Metcalfe County		State
	Street Address 709 West Stockton Street City, State Zip Edmonton, KY 42129	4_	Federal
	City, State Zip Edmonton, KY 42129		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$40,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemer	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Middlesboro Ind.		State
	Street Address 220 N 20th Street City, State Zip Middlesboro, KY 40965	4_	Federal
	City, State Zip Middlesboro, KY 40965		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$60,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Monroe County		State
	Street Address 309 Emberton Street City, State Zip Tompkinsville, KY 42167	4_	Federal
	City, State Zip Tompkinsville, KY 42167		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$100,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	2	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Montgomery County		State
	Street Address 3400 Indian Mound Drive City, State Zip Mt Sterling, KY 40353	4_	Federal
	City, State Zip Mt Sterling, KY 40353		Other:
			10-
	C.D.J	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$120,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	2	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Morgan County		State
	Street Address 155 University Drive City, State Zip West Liberty, KY 41472	4_	Federal
	City, State Zip West Liberty, KY 41472		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Zissionio edaminosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$80,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Muhlenberg County		State
	Street Address 510 W Main Street City, State Zip Powderly, KY 42367	4_	Federal
	City, State Zip Powderly, KY 42367	Ui	Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	I master / tg/s emineral master state and the state st		Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$120,000.00	11	Evaluations: Each program will be evaluated per
	C		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	
	71114001		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Murray Ind.		State
	Street Address 208 S 13th Street City, State Zip Murray, KY 42071	4_	Federal
	City, State Zip Murray, KY 42071		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A	F	
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziodionio edamicolori
4	Grant Authority (Source): KRS 158.441	١ ١	Other
5	Award Amount: \$60,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipie	nt:	7	Fund Type:	
	Agency Name Nelson County			State	
	Street Address 288 Wildcat La	ane Den 3 to	4_	Federal	
	City, State Zip Bardstown, KY	ane (40004		Other:	
				10-	
		6.32	8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant – Phone #	Lalah Brewer		Expenditure Reimbursement	
	Street Address	300 Sower Blvd		Automatic Payment	
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum	
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
	3.9,	Children.	9	Reimbursement Frequency:	
3	Description/Fund Source of A	ward and Fiscal Year:			
	Description	School Resource Officer		Monthly Quarterly Reimbursement with CDIP report Other	
	Fund Source	State General Funds		Other	
	CFDA#	N/A			
	MUNIS Project Number	18RM			
	Master Agreement Number	N/A	10	Financial Reporting Method:	
	master / tgreement / tamber			Electronic Submission	
				Ziockionio casimicalen	
4	Grant Authority (Source): KR	S 158.441		Other	
5	Award Amount: \$40,000.00	()11r	11	Evaluations: Each program will be evaluated per	
		Our		specific program guidelines to be disseminated by	
6	Period of Award:	Commonwo	PA	KDE Program Contacts.	
	July 1, 2025-June 30, 2026				
12	Consortia/Partnership Membe	rs: N/A			
13	Special Instructions/Condition	ns:			
14	Authorized By (Name/Title): N	licole Crosthwaite, Budget Branch		Date: December 2, 2025	
	Division of Budgets & Financial Management				
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	"ACA"				

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Newport Ind.		State
	Street Address 30 W. 8th Street City, State Zip Newport, KY 41071	4_	Federal
	City, State Zip Newport, KY 41071		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$60,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	2	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Nicholas County		State
	Street Address 395 West Main Street City, State Zip Carlisle, KY 40311	4_	Federal
	City, State Zip Carlisle, KY 40311		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Electronic editinication
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Ohio County		State
	Street Address 315 E Union Street City, State Zip Hartford, KY 42347	4_	Federal
	City, State Zip Hartford, KY 42347		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Zissionio edaminosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$100,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	2	KDE Program Contacts.
	July 1, 2025-June 30, 2026	DEE	
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Oldham County		State
	Street Address 1350 N Hwy 393 City, State Zip Crestwood, KY 40014	4_	Federal
	City, State Zip Crestwood, KY 40014		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Electronic editinication
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$160,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:		
	Agency Name Owen County		State		
	Street Address 1600 Hwy 22 E City, State Zip Owenton, KY 40359	4_	Federal		
	City, State Zip Owenton, KY 40359	l e i	Other:		
			10-		
		8	Method of Payment:		
2	KDE Contact Information:		Federal Cash Request		
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement		
	Street Address 300 Sower Blvd		Automatic Payment		
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum		
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor		
	City, KY Zip Frankfort, KY 40601				
	Children.	9	Reimbursement Frequency:		
3	Description/Fund Source of Award and Fiscal Year:				
	Description School Resource Officer		Quarterly Reimbursement with CDIP report		
	Fund Source State General Funds		Monthly Quarterly Reimbursement with CDIP report Other		
	CFDA# N/A				
	MUNIS Project Number 18RM	4			
	Master Agreement Number N/A	10	Financial Reporting Method:		
	Waster Agreement Number	10	Electronic Submission		
			Electronic Submission		
4	Grant Authority (Source): KRS 158.441		Other		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per		
	Our		specific program guidelines to be disseminated by		
6	Period of Award:	Pa	KDE Program Contacts.		
	July 1, 2025-June 30, 2026	Vee			
12	Consortia/Partnership Members: N/A				
13	Special Instructions/Conditions:				
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025		
	Division of Budgets & Financial Management				
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Owensboro Ind.		State
	Street Address 450 Griffith Avenue City, State Zip Owensboro, KY 42301	4_	Federal
	City, State Zip Owensboro, KY 42301		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$40,000.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	
	711114601		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Owsley County		State
	Street Address 14 Old KY 11 City, State Zip Booneville, KY 41314	4_	Federal
	City, State Zip Booneville, KY 41314		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber		Electronic Submission
			Electronic editinication
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$40,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	PA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemer	t	
	7/11/60		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Paducah Ind.		State
	Street Address 500 South 25th Street City, State Zip Paducah, KY 42003	4_	Federal
	City, State Zip Paducah, KY 42003		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$100,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Paintsville Ind.		State
	Street Address 220 Main Street	4_	Federal
	Street Address 220 Main Street City, State Zip Paintsville, KY 41240		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Unilaren.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		Quarterly Reimbursement with CDIP report
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other Other
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Management	nt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Paris Ind.		State
	Street Address 310 W Seventh Street City, State Zip Paris, KY 40361	4_	Federal
	City, State Zip Paris, KY 40361		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		Quarterly Reimbursement with CDIP report
	Fund Source State General Funds		Other
	CFDA# N/A	7	
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	g		Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Pendleton County		State
	Street Address 2525 Hwy 27 N City, State Zip Falmouth, KY 41040	4_	Federal
	City, State Zip Falmouth, KY 41040		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$80,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	2	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Perry County		State
	Street Address 315 Park Avenue City, State Zip Hazard, KY 41701	4_	Federal
	City, State Zip Hazard, KY 41701		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$140,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026	DEE	
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Pike County		State
	Street Address 316 South Mayo Trail City, State Zip Pikeville, KY 41501	4_	Federal
	City, State Zip Pikeville, KY 41501		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$140,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	2	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Pikeville Ind.		State
	Street Address 148 Second Street City, State Zip Pikeville, KY 41501	4_	Federal
	City, State Zip Pikeville, KY 41501		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	I master / tg/s emineral master state and the state and th		Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$40,000.00	11	Evaluations: Each program will be evaluated per
	Odi		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Pineville Ind.		State
	Street Address 401 Virginia Avenue City, State Zip Pineville, KY 40977	4_	Federal
	City, State Zip Pineville, KY 40977		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Powell County		State
	Street Address 691 Breckinridge Street City State Zip Stanton KY 40380	14	Federal
	City, State Zip Stanton, KY 40380		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		
	Description School Resource Officer		Quarterly Reimbursement with CDIP report
	Fund Source State General Funds		Monthly Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM	4	
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Number	10	Electronic Submission
			Electionic oubinission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$100,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	PA	KDE Program Contacts.
	July 1, 2025-June 30, 2026	V	CII
12	Consortia/Partnership Members: N/A	•	
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Manageme	nt	
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	uca		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Pulaski County		State
	Street Address 925 N. Main Street City, State Zip Somerset, KY 42503	4_	Federal
	City, State Zip Somerset, KY 42503		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Zissionio edaminosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$260,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	2	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Raceland Ind.		State
	Street Address 600 Ram Blvd City, State Zip Raceland, KY 41169	4_	Federal
	City, State Zip Raceland, KY 41169		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	The state of the s		Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemer	t	
	711160		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Robertson County		State
	Street Address 1762 Sardis Road City, State Zip Mount Olivet, KY 41064	4_	Federal
	City, State Zip Mount Olivet, KY 41064		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	I master / tg/s emineral master state and stat		Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per
	C		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Rockcastle County		State
	Street Address 245 Richmond Street City, State Zip Mount Vernon, KY 40456	4_	Federal
	City, State Zip Mount Vernon, KY 40456		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	I master / tg/s emineral manufacture in the master in the		Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$100,000.00	11	Evaluations: Each program will be evaluated per
	C		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Rowan County		State
	Street Address 551 Viking Drive City, State Zip Morehead, KY 40351	4_	Federal
	City, State Zip Morehead, KY 40351		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Number	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemer	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Russell County		State
	Street Address 404 South Main Street City, State Zip Jamestown, KY 42629	4_	Federal
	City, State Zip Jamestown, KY 42629	l e i	Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		
	Description School Resource Officer		Quarterly Reimbursement with CDIP report
	Fund Source State General Funds		Monthly Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM	1	
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Number	10	Electronic Submission
			Electionic oubinission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$80,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	PA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		CII
12	Consortia/Partnership Members: N/A	•	
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Manageme	nt	
	VIIIO		
	a u ca		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Russell Ind.		State
	Street Address 908 Powell Lane City, State Zip Flatwoods, KY 41139	4_	Federal
	City, State Zip Flatwoods, KY 41139		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber		Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$40,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	PA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemer	t	
	7/11/60		

1	Name and Address of Recipier	nt:	7	Fund Type:
	Agency Name Russellville Ind			State
	Street Address 355 South Sum	nmer Street Par	4	Federal
	City, State Zip Russellville, KY	42276		Other:
				10-
		0.00	8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Lalah Brewer		Expenditure Reimbursement
	Street Address	300 Sower Blvd		Automatic Payment
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
	3.3, 1.1 = [Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Av	vard and Fiscal Year:		
	Description	School Resource Officer		Quarterly Reimbursement with CDIP report
	Fund Source	State General Funds		Monthly Quarterly Reimbursement with CDIP report Other
	CFDA#	N/A		
	MUNIS Project Number	18RM		
	Master Agreement Number	N/A	10	Financial Reporting Method:
	master / igreement rumber		. •	Electronic Submission
4	Grant Authority (Source): KRS	5 158.441		Other
5	Award Amount: \$40,000.00	()11r	11	Evaluations: Each program will be evaluated per
				specific program guidelines to be disseminated by
6	Period of Award:	Commonwo	ea.	KDE Program Contacts.
	July 1, 2025-June 30, 2026			
12	Consortia/Partnership Member	rs: N/A		
13	Special Instructions/Condition	s:		
14	Authorized By (Name/Title): N	icole Crosthwaite, Budget Branch		Date: December 2, 2025
	D	ivision of Budgets & Financial Managemen	t	
		Ullea	83	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Science Hill Ind.		State
	Street Address 6007 N Hwy 27 City, State Zip Science Hill, KY 42553	4_	Federal
	City, State Zip Science Hill, KY 42553		Other:
			10-
	C.D.S	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
•	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	The state of the s		Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Scott County		State
	Street Address 2168 Frankfort Pk. City, State Zip Georgetown, KY 40324	4_	Federal
	City, State Zip Georgetown, KY 40324		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$320,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026	DEE	
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipie		7	Fund Type:
	Agency Name Shelby County			State
	Street Address 1155 W Main S	Street Depart	4_	Federal
	City, State Zip Shelbyville, KY	40066		Other:
				40-
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Lalah Brewer		
	Street Address	300 Sower Blvd		Automatic Payment
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		or Children,	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	School Resource Officer		Quarterly Reimbursement with CDIP report Other
	Fund Source	State General Funds		Other
	CFDA#	N/A		
	MUNIS Project Number	18RM		
	Master Agreement Number	N/A	10	Financial Reporting Method:
				Electronic Submission
4	Grant Authority (Source): KR	5 158.441		Other
5	Award Amount: \$160,000.00	Our	11	Evaluations: Each program will be evaluated per
_	Davis d of Assessed			specific program guidelines to be disseminated by
6	Period of Award:	Commonw	ta	KDE Program Contacts.
40	July 1, 2025-June 30, 2026	N1/A		
12	Consortia/Partnership Membe			
13	Special Instructions/Condition			
14		icole Crosthwaite, Budget Branch		Date: December 2, 2025
	D	ivision of Budgets & Financial Managemer	nt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Simpson County		State
	Street Address 430 S College Street City, State Zip Franklin, KY 42135	4_	Federal
	City, State Zip Franklin, KY 42135		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$100,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Somerset Ind.		State
	Street Address 305 College Street City, State Zip Somerset, KY 42501	4_	Federal
	City, State Zip Somerset, KY 42501		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$60,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Southgate Ind.		State
	Street Address 6 William F. Blatt Avenue City, State Zip Southgate, KY 41071	* _	Federal
	City, State Zip Southgate, KY 41071		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		Quarterly Reimbursement with CDIP report
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Spencer County		│
	Street Address 110 Reasor Ave City, State Zip Taylorsville, KY 40071	4_	Federal
	City, State Zip Taylorsville, KY 40071		Other:
			10.
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		Quarterly Reimbursement with CDIP report Other
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other Other
5	Award Amount: \$60,000.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	ea.	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipie	nt:	7	Fund Type:
	Agency Name Taylor County			State
	Street Address 1209 E Broadv	vay KY 42718 Depar	4_	Federal
	City, State Zip Campbellsville	, KY 42718		Other:
				10-
		CAR	8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Lalah Brewer		
	Street Address	300 Sower Blvd		Automatic Payment
	Budget Contact – Phone #	Nicole Crosthwaite		Lump Sum
	Street Address	300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		V Unilaren.	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	School Resource Officer		Quarterly Reimbursement with CDIP report
	Fund Source	State General Funds		Other
	CFDA#	N/A		
	MUNIS Project Number	18RM		
	Master Agreement Number	N/A	10	Financial Reporting Method:
	S .			Electronic Submission
4	Grant Authority (Source): KR	S 158.441		Other
5	Award Amount: \$60,000.00	()11r	11	Evaluations: Each program will be evaluated per
		0 412		specific program guidelines to be disseminated by
6	Period of Award:	Commonw	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026			
12	Consortia/Partnership Membe	rs: N/A		
13	Special Instructions/Condition	is:		
14	Authorized By (Name/Title): N	licole Crosthwaite, Budget Branch		Date: December 2, 2025
		ivision of Budgets & Financial Managemer	nt	
		THE STATE OF THE S	111	
		uca		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Todd County		State
	Street Address 205 Airport Road City, State Zip Elkton, KY 42220	4_	Federal
	City, State Zip Elkton, KY 42220		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$80,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Trigg County			State
	Street Address 202 Main Street	lenar.	4_	Federal
	City, State Zip Cadiz, KY 42211)epar	71	Other:
				46
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone # Lalah Brewer			Expenditure Reimbursement
	Street Address 300 Sower Blvd			Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	40		Lump Sum
	Street Address 300 Sower Blvd			Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601	ma. m		
	Unita	ren,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year			Monthly Monthly
	Description School Resource Off	icer		Quarterly Reimbursement with CDIP report
	Fund Source State General Funds			Other
	CFDA# N/A			
	MUNIS Project Number 18RM			
	Master Agreement Number N/A	1	10	Financial Reporting Method:
				Electronic Submission
4	Grant Authority (Source): KRS 158.441			Other
_	Average Amounts (CO) 000 00	0.40	44	Firehestiana, Fach was assessed by a suplicated was
5	Award Amount: \$20,000.00	Our 1	11	Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by
6	Period of Award:	20000		KDE Program Contacts.
"	July 1, 2025-June 30, 2026	IIIIOIIWC	a	TABLE Trogram Contacts.
12	Consortia/Partnership Members: N/A			
13	Special Instructions/Conditions:			
14	Authorized By (Name/Title): Nicole Crosthwaite, Bud	get Branch		Date: December 2, 2025
'	Division of Budgets & Fi			Date. December 2, 2020
	Division of Budgets & 1	nanoiai wanagoment		
		THE PARTY		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Trimble County		State
	Street Address 116 Wentworth Avenue City, State Zip Bedford, KY 40006	4_	Federal
	City, State Zip Bedford, KY 40006		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	I master / tg/s emineral master state and the state and th		Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$60,000.00	11	Evaluations: Each program will be evaluated per
	Odi		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	
	THE CO.		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Union County		State
	Street Address 4500 US Highway-60 W City, State Zip Morganfield, KY 42437	4_	Federal
	City, State Zip Morganfield, KY 42437		Other:
			10-
	CIPS	8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	" Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	The second secon		Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$60,000.00	11	Evaluations: Each program will be evaluated per
	C		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	
	7/11460		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Walton Verona Ind.		State
	Street Address 16 School Road City, State Zip Walton, KY 41094	4_	Federal
	City, State Zip Walton, KY 41094		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A	F	
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziodionio edamicolori
4	Grant Authority (Source): KRS 158.441	١ ١	Other
5	Award Amount: \$60,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	R	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A	•	
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Warren County		State
	Street Address 303 Lovers Lane City, State Zip Bowling Green, KY 42102	4_	Federal
	City, State Zip Bowling Green, KY 42102		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$360,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Washington County		State
	Street Address 120 Mackville Hill Road City, State Zip Springfield, KY 40069	4_	Federal
	City, State Zip Springfield, KY 40069		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	The state of the s		Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$40,000.00	11	Evaluations: Each program will be evaluated per
			specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemer	t	
	7/11/60		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Wayne County		State
	Street Address 150 Cardinal Way City, State Zip Monticello, KY 42633	4_	Federal
	City, State Zip Monticello, KY 42633		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Number	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$60,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	2	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemer	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Webster Co		State
	Street Address 28 State Route 1340 City, State Zip Dixon, KY 42409	4_	Federal
	City, State Zip Dixon, KY 42409		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$80,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	RA	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Whitley County		State
	Street Address 300 Main Street City, State Zip Williamsburg, KY 40769	4_	Federal
	City, State Zip Williamsburg, KY 40769		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	I master / tg/semment		Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$120,000.00	11	Evaluations: Each program will be evaluated per
	Odi		specific program guidelines to be disseminated by
6	Period of Award:	ea	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Williamsburg Ind.		State
	Street Address 1000 Main Street City, State Zip Williamsburg, KY 40769	4_	Federal
	City, State Zip Williamsburg, KY 40769		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A	-	
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Ziostionio odpiniosioni
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Williamstown Ind.		State
	Street Address 300 Helton Street City, State Zip Williamstown, KY 41097	4_	Federal
	City, State Zip Williamstown, KY 41097		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Electronic editinication
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$20,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Wolfe County		State
	Street Address 85 Main Street City, State Zip Campton, KY 41301	4_	Federal
	City, State Zip Campton, KY 41301		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
	Waster Agreement Pumber	.0	Electronic Submission
			Electronic editinication
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$40,000.00	11	Evaluations: Each program will be evaluated per
	Our		specific program guidelines to be disseminated by
6	Period of Award:	22	KDE Program Contacts.
	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:	
	Agency Name Woodford County		State	
	Street Address 330 Pisgah Pk City, State Zip Versailles, KY 40383	4_	Federal	
	City, State Zip Versailles, KY 40383		Other:	
			10-	
		8	Method of Payment:	
2	KDE Contact Information:		Federal Cash Request	
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement	
	Street Address 300 Sower Blvd		Automatic Payment	
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum	
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor	
	City, KY Zip Frankfort, KY 40601			
	Children.	9	Reimbursement Frequency:	
3	Description/Fund Source of Award and Fiscal Year:		Monthly	
	Description School Resource Officer			
	Fund Source State General Funds		Quarterly Reimbursement with CDIP report Other	
	CFDA# N/A			
	MUNIS Project Number 18RM			
	Master Agreement Number N/A	10	Financial Reporting Method:	
	Waster Agreement Number	.0	Electronic Submission	
			Electronic editinication	
4	Grant Authority (Source): KRS 158.441		Other	
5	Award Amount: \$140,000.00	11	Evaluations: Each program will be evaluated per	
	Our		specific program guidelines to be disseminated by	
6	Period of Award:	RA	KDE Program Contacts.	
	July 1, 2025-June 30, 2026			
12	Consortia/Partnership Members: N/A			
13	Special Instructions/Conditions:			
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025	
	Division of Budgets & Financial Managemer	t		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Total		State
	Street Address	4_	Federal
	Street Address City, State Zip , KY		Other:
			10-
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Lalah Brewer		Expenditure Reimbursement
	Street Address 300 Sower Blvd		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 300 Sower Blvd		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Children,	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description School Resource Officer		Quarterly Reimbursement with CDIP report Other
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number 18RM		
	Master Agreement Number N/A	10	Financial Reporting Method:
			Electronic Submission
4	Grant Authority (Source): KRS 158.441		Other
5	Award Amount: \$17,060,000.00	11	Evaluations: Each program will be evaluated per
_			specific program guidelines to be disseminated by
6	Period of Award: Commonwo	ea	KDE Program Contacts.
40	July 1, 2025-June 30, 2026		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions:		
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: December 2, 2025
	Division of Budgets & Financial Managemen	t	