Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Adair County Board of Education 1204 Greensburg Street Columbia, KY 42728

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management ⊠State □Federal □Other:

Fund Type:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Allen County Board of Education 570 Oliver Street Scottsville, KY 42164

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management □ Receipt of Invoice from Vendor Reimbursement Frequency:

⊠Lump Sum

Fund Type:

⊠State

Federal

Other:

Yes

🗌 No

🗆 Yes

🖾 No

Subrecipient:

Research and Development:

Method of Payment

Federal Cash Request

□ Automatic Payment

Expenditure Reimbursement

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠ Electronic Submission CDIP □ Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Anchorage Ind. Board of Education 11400 Ridge Road Anchorage, KY 40223

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Anderson County Board of Education 1160 By Pass North Lawrenceburg, KY 40342

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Fund Type: State □ Federal □ Other:

Subrecipient:

Research and Development: \Box Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Ashland Ind. Board of Education 1420 Central Ave Ashland, KY 41101

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Augusta Ind. Board of Education 307 Bracken Street Augusta, KY 41002

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Ballard County Board of Education 11 Vocational School Road Barlow, KY 42024

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ⊠State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Barbourville Ind. Board of Education 140 School Street Barbourville, KY 40906

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Financial Reporting Method:

Electronic Submission CDIP

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Date: July 8, 2025

Fund Type: ⊠State □Federal

Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Bardstown Ind. Board of Education 308 N Fifth Street Bardstown, KY 40004

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Barren County Board of Education 600 Trojan Way Glasgow, KY 42141

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Bath County Board of Education 405 W Main Street Owingsville, KY 40360

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Expenditure Reimbursement

Method of Payment

Federal Cash Request

Fund Type:

⊠State

Federal

Other:

Yes

🗌 No

🗆 Yes

🖾 No

Subrecipient:

Lump Sum

Reimbursement Frequency:

Research and Development:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Beechwood Ind. Board of Education 50 Beechwood Road Fort Mitchell, KY 41017

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Research and Development: □ Yes ⊠ No

Fund Type:

⊠State

Federal

Other:

Yes

🗌 No

Subrecipient:

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Bell County Board of Education 211 Virginia Ave Pineville, KY 40977

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management _____

Fund Type: ⊠State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Bellevue Ind. Board of Education 219 Center Street Bellevue, KY 41073

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Berea Ind. Board of Education 3 Pirate Parkway Berea, KY 40403

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Boone County Board of Education 8330 US 42 Florence, KY 41042

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Bourbon County Board of Education 3343 Lexington Road Paris, KY 40361

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Bowling Green Ind. Board of Education 1211 Center Street Bowling Green, KY 42101

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Subrecipient:

Fund Type:

⊠State

Federal

Other:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠ Electronic Submission CDIP □ Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Boyd County Board of Education 1104 Bob McCullough Drive Ashland, KY 41102

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🛛 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Boyle County Board of Education 101 Citation Drive Suite C Danville. KY 40422

KDE Contact Information

Program Consultant: Street Address: **Budget Contact:** Street Address: City, State Zip:

Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number:

School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A **Special Instructions/Conditions:**

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch **Division of Budget & Financial Management**

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Date: July 8, 2025

Fund Type: ⊠State Federal Other:

Subrecipient: Yes 🗌 No

Research and Development: 🗆 Yes

🖾 No

Method of Payment

 Federal Cash Request Expenditure Reimbursement □ Automatic Payment ⊠Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

□ Monthly Quarterly ⊠Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠ Electronic Submission CDIP

Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Bracken County Board of Education 1048 Bladeston Drive Brooksville, KY 41004

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Fund Type: State □ Federal □ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Breathitt County Board of Education 420 Court Street Jackson, KY 41339

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠ Electronic Submission CDIP □ Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Breckinridge County Board of Education 86 Airport Road Hardinsburg, KY 40143

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: \Box Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Bullitt County Board of Education 1040 Hwy 44 E Shepherdsville, KY 40165

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Fund Type: State □ Federal □ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Burgin Ind. Board of Education 140 Danville Road Burgin, KY 40310

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Butler County Board of Education 203 N Tyler Street Morgantown, KY 42261

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management ⊠State □Federal □Other:

Fund Type:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Caldwell County Board of Education 612 West Washington Street Princeton, KY 42445

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠ Electronic Submission CDIP □ Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Calloway County Board of Education 2110 College Farm Road Murray, KY 42071

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Campbell County Board of Education 101 Orchard Lane Alexandria, KY 41001

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠ Electronic Submission CDIP □ Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Campbellsville Ind. Board of Education 136 S Columbia Avenue Campbellsville, KY 42718

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ⊠State □Federal □Other:

Subrecipient:

Research and Development: \Box Yes

🛛 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Carlisle County Board of Education 4557 State Rt 1377 Bardwell, KY 42023

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Carroll County Board of Education 813 Hawkins Street Carrollton, KY 41008

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Carter County Board of Education 228 S Carol Malone Blvd. Grayson, KY 41143

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Casey County Board of Education 1922 N US 127 Liberty, KY 42539

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

□ Monthly □ Quarterly ⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠ Electronic Submission CDIP □ Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Caverna Ind. Board of Education 1102 N Dixie Hwy Cave City, KY 42127

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Christian County Board of Education 200 Glass Avenue Hopkinsville, KY 42240

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management State Federal

Fund Type:

Subrecipient:

Research and Development: \Box Yes

🛛 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠ Electronic Submission CDIP □ Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.
Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Clark County Board of Education 1600 W Lexington Avenue Winchester, KY 40391

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Other: Beginning of Fiscal Year

□ Monthly

Quarterly

Fund Type:

⊠State

Federal

Other:

Yes

🗌 No

🗆 Yes

🖾 No

Subrecipient:

Research and Development:

Method of Payment

Federal Cash Request

□ Automatic Payment

⊠Lump Sum

Expenditure Reimbursement

□ Receipt of Invoice from Vendor

Reimbursement Frequency:

Financial Reporting Method: ⊠ Electronic Submission CDIP □ Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Clay County Board of Education 128 Richmond Road Manchester, KY 40962

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Fund Type: State □ Federal □ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Clinton County Board of Education 1273 KY HWY 90 West Ste 103 Albany, KY 42602

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □ Federal □ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Cloverport Ind. Board of Education 301 Poplar Street Cloverport, KY 40111

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management □Other: Subrecipient:

Fund Type:

⊠State

Federal

□ Yes □ No

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Corbin Ind. Board of Education 108 Roy Kidd Avenue Corbin, KY 40701

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Covington Ind. Board of Education 25 E Seventh Street Covington, KY 41011

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management □Other: Subrecipient:

Fund Type:

⊠State

Federal

□ Yes □ No

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Crittenden County Board of Education 601 W Elm Street Marion, KY 42064

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠ Electronic Submission CDIP □ Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Cumberland County Board of Education 810 N Main Street Burkesville, KY 42717

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: \Box Yes

🛛 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Danville Ind. Board of Education 115 E. Lexington Ave. Danville, KY 40422

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Daviess County Board of Education 1622 Southeastern Parkway Owensboro, KY 42303

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Dawson Springs Ind. Board of Education 118 E Arcadia Avenue Dawson Springs, KY 42408

KDE Contact Information

Program Consultant: Street Address: **Budget Contact:** Street Address: City, State Zip:

Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number:

School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A **Special Instructions/Conditions:**

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch **Division of Budget & Financial Management**

Fund Type: ⊠State Federal Other:

Subrecipient: Yes 🗌 No

Research and Development: 🗆 Yes

🖾 No

Method of Payment

 Federal Cash Request Expenditure Reimbursement □ Automatic Payment ⊠Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

□ Monthly Quarterly ⊠Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠ Electronic Submission CDIP Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Dayton Ind. Board of Education 200 Clay Street Dayton, KY 41074

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: East Bernstadt Ind. Board of Education 296 East Highway 3094 East Bernstadt, KY 40729

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Fund Type: State □ Federal □ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠ Electronic Submission CDIP □ Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Edmonson County Board of Education 100 Wildcat Way Brownsville, KY 42210

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Elizabethtown Ind. Board of Education 219 Helm Street Elizabethtown, KY 42701

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: \Box Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Elliott County Board of Education P.O. Box 767 Sandy Hook, KY 41171

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management aissein

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🛛 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Eminence Ind. Board of Education 291 West Broadway Street Eminence, KY 40019

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Erlanger-Elsmere Ind. Board of Education 500 Graves Avenue Erlanger, KY 41018

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🛛 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Estill County Board of Education 253 Main Street Irvine, KY 40336

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🛛 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Fairview Ind. Board of Education 2100 Main Street Ashland, KY 41102

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Fayette County Board of Education 450 Park Place Lexington, KY 40511

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Fleming County Board of Education 211 W Water Street Flemingsburg, KY 41041

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🛛 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Floyd County Board of Education 442 KY RT 550 Eastern, KY 41622

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Fort Thomas Ind. Board of Education 28 N Ft Thomas Avenue Fort Thomas, KY 41075

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management

Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Frankfort Ind. Board of Education 959 Leestown Lane Frankfort, KY 40601

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management aissem

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🛛 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Franklin County Board of Education 652 Chamberlin Ave. Frankfort, KY 40601

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Fulton County Board of Education 2780 Moscow Avenue Hickman, KY 42050

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Fulton Ind. Board of Education 304 West State Line Fulton, KY 42041

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Gallatin County Board of Education 600 E Main Street Warsaw, KY 41095

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Garrard County Board of Education 322 West Maple Avenue Lancaster, KY 40444

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Glasgow Ind. Board of Education 711 S. L. Rogers Wells Blvd. Glasgow, KY 42142

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Grant County Board of Education 820 Arnie Risen Boulevard Williamstown, KY 41097

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Graves County Board of Education 2290 State Rt 121 N. Mayfield, KY 42066

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🛛 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Grayson County Board of Education 790 Shaw Station Road Leitchfield, KY 42755

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Green County Board of Education 402 East Hodgenville Ave Greensburg, KY 42743

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Greenup County Board of Education 45 Musketeer Drive Greenup, KY 41144

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:
Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Hancock County Board of Education 83 State Route 3543 Hawesville, KY 42348

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □ Federal □ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Hardin County Board of Education 65 W A Jenkins Road Elizabethtown, KY 42701

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management □Federal □Other:

Fund Type:

⊠State

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Harlan County Board of Education 251 Ball Park Road Harlan, KY 40831

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🛛 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Harlan Ind. Board of Education 420 E Central Street Harlan, KY 40831

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Harrison County Board of Education 308 Webster Avenue Cynthiana, KY 41031

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management

Fund Type: State □ Federal □ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠ Electronic Submission CDIP □ Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Hart County Board of Education 25 Quality Street Munfordville, KY 42765

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management ⊠State □Federal □Other:

Fund Type:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Hazard Ind. Board of Education 705 Main Street Hazard, KY 41701

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Henderson County Board of Education 1805 Second Street Henderson, KY 42420

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Research and Development: □ Yes ⊠ No

Fund Type:

⊠State

Federal

Other:

Yes

🗌 No

Subrecipient:

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Henry County Board of Education 326 S Main Street New Castle, KY 40050

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management □Federal □Other:

Fund Type:

⊠State

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Hickman County Board of Education 416 Waterfield Drive North Clinton, KY 42031

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Hopkins County Board of Education 320 S Seminary Street Madisonville, KY 42431

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Subrecipient:

Fund Type:

⊠State

Federal

Other:

🗆 No

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Jackson County Board of Education 3331 Hwy 421 South McKee, KY 40447

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Jackson Ind. Board of Education 940 Highland Avenue Jackson, KY 41339

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Jefferson County Board of Education 3332 Newburg Road Louisville, KY 40218

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Jenkins Ind. Board of Education 9409 Hwy 805 Jenkins, KY 41537

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ⊠State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Jessamine County Board of Education 871 Wilmore Road Nicholasville, KY 40356

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Johnson County Board of Education 253 North Mayo Trail Paintsville, KY 41240

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Kenton County Board of Education 1055 Eaton Drive Fort Wright, KY 41017

KDE Contact Information

Program Consultant: Street Address: **Budget Contact:** Street Address: City, State Zip:

Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number:

School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A **Special Instructions/Conditions:**

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch **Division of Budget & Financial Management**

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Date: July 8, 2025

Fund Type: ⊠State Federal Other:

Subrecipient: Yes 🗌 No

Research and Development: 🗆 Yes

🖾 No

Method of Payment

 Federal Cash Request Expenditure Reimbursement □ Automatic Payment ⊠Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

□ Monthly Quarterly ⊠Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠ Electronic Submission CDIP

Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: **Knott County Board of Education** 1156 Hindman Bypass Hindman, KY 41822

KDE Contact Information

Program Consultant: Street Address: **Budget Contact:** Street Address: City, State Zip:

Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number:

School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A **Special Instructions/Conditions:**

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch **Division of Budget & Financial Management**

Fund Type: ⊠State Federal Other:

Subrecipient: Yes 🗌 No

Research and Development: 🗆 Yes

🖾 No

Method of Payment

 Federal Cash Request Expenditure Reimbursement □ Automatic Payment ⊠Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

□ Monthly Quarterly ⊠Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠ Electronic Submission CDIP Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Knox County Board of Education 200 Daniel Boone Drive Barbourville, KY 40906

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Fund Type: State □ Federal □ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: LaRue County Board of Education 208 College Street Hodgenville, KY 42748

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management ⊠State □Federal □Other:

Fund Type:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Laurel County Board of Education 718 North Main Street London, KY 40741

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🛛 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Lawrence County Board of Education 50 Bulldog Lane Louisa, KY 41230

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Lee County Board of Education 242 Lee Avenue Beattyville, KY 41311

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management

Fund Type: State □ Federal □ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Leslie County Board of Education 108 Maple Street Hyden, KY 41749

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🛛 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Letcher County Board of Education 224 Park Street Whitesburg, KY 41858

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management 🛛 No

Fund Type:

⊠State

Federal

Other:

Yes

🗌 No

🗆 Yes

Subrecipient:

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Research and Development:

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠ Electronic Submission CDIP □ Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Lewis County Board of Education 65 Central Elementary Vanceburg, KY 41179

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Lincoln County Board of Education 305 Danville Avenue Stanford, KY 40484

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Livingston County Board of Education 127 E Adair Street Smithland, KY 42081

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Logan County Board of Education 2222 Bowling Green Road Russellville, KY 42276

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management □ Yes ⊠ No

Fund Type:

⊠State

Federal

Other:

Yes

🗌 No

Subrecipient:

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Research and Development:

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Ludlow Ind. Board of Education 525 Elm Street Ludlow, KY 41016

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Lyon County Board of Education 217 Jenkins Road Eddyville, KY 42038

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ⊠State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠ Electronic Submission CDIP □ Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Madison County Board of Education 301 Highland Park Drive Richmond, KY 40476

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Magoffin County Board of Education 109 Gardner Trail Salyersville, KY 41465

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Fund Type: State □ Federal □ Other:

Subrecipient:

Research and Development: \Box Yes

🛛 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Marion County Board of Education 755 E Main Street Lebanon, KY 40033

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Marshall County Board of Education 86 High School Road Benton, KY 42025

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:
Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Martin County Board of Education 104 East Main Street Inez, KY 41224

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Mason County Board of Education 34 East 2nd Street Maysville, KY 41056

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Mayfield Ind. Board of Education 914 E College Stret Mayfield, KY 42066

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: McCracken County Board of Education 300 Cumberland Ave Paducah, KY 42001

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: McCreary County Board of Education 120 Raider Way Stearns, KY 42647

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: McLean County Board of Education 410 Highway 136 East Calhoun, KY 42327

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Meade County Board of Education 1155 Old Ekron Road Brandenburg, KY 40108

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management

Date: July 8, 2025

Fund Type: State □ Federal □ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Menifee County Board of Education 440 Wynn Flat Road Frenchburg, KY 40322

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Mercer County Board of Education 530 Perryville Road Harrodsburg, KY 40330

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management □Federal □Other:

Fund Type:

⊠State

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Date: July 8, 2025

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Metcalfe County Board of Education 709 West Stockton Street Edmonton, KY 42129

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Middlesboro Ind. Board of Education 220 N 20th Street Middlesboro, KY 40965

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Model Laboratory School Board of Education 521 Lancaster Ave Richmond, KY 40475

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: \Box Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Monroe County Board of Education 309 Emberton Street Tompkinsville, KY 42167

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management □ Yes ⊠ No

Fund Type:

⊠State

Federal

Other:

Yes

🗌 No

Subrecipient:

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Research and Development:

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠ Electronic Submission CDIP □ Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Date: July 8, 2025

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Montgomery County Board of Education 3400 Indian Mound Drive Mt Sterling, KY 40353

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Morgan County Board of Education 155 University Drive West Liberty, KY 41472

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Subrecipient:

Fund Type:

⊠State

Federal

Other:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠ Electronic Submission CDIP □ Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Date: July 8, 2025

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Muhlenberg County Board of Education 510 W Main Street Powderly, KY 42367

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

□ Monthly □ Quarterly ⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠ Electronic Submission CDIP □ Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Murray Ind. Board of Education 208 S 13th Street Murray, KY 42071

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Nelson County Board of Education 288 Wildcat Lane Bardstown, KY 40004

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Newport Ind. Board of Education 30 W. 8th Street Newport, KY 41071

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠ Electronic Submission CDIP □ Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Nicholas County Board of Education 395 West Main Street Carlisle, KY 40311

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Ohio County Board of Education 315 E Union Street Hartford, KY 42347

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Oldham County Board of Education 1350 N Hwy 393 Crestwood, KY 40014

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management State Federal

Fund Type:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠ Electronic Submission CDIP □ Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Date: July 8, 2025

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Owen County Board of Education 1600 Hwy 22 E Owenton, KY 40359

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Owensboro Ind. Board of Education 450 Griffith Avenue Owensboro, KY 42301

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Owsley County Board of Education 14 Old KY 11 Booneville, KY 41314

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Paducah Ind. Board of Education 500 South 25th Street Paducah, KY 42003

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🛛 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Paintsville Ind. Board of Education 220 Main Street Paintsville, KY 41240

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Paris Ind. Board of Education 310 W Seventh Street Paris, KY 40361

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Other: Subrecipient:

Fund Type:

⊠State

Federal

□ Yes □ No

Research and Development: Yes

🛛 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Date: July 8, 2025

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Pendleton County Board of Education 2525 Hwy 27 N Falmouth, KY 41040

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Perry County Board of Education 315 Park Avenue Hazard, KY 41701

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ⊠State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Pike County Board of Education 316 South Mayo Trail Pikeville, KY 41501

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🛛 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Pikeville Ind. Board of Education 148 Second Street Pikeville, KY 41501

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Pineville Ind. Board of Education 401 Virginia Avenue Pineville, KY 40977

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Powell County Board of Education 691 Breckinridge Street Stanton, KY 40380

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Pulaski County Board of Education 925 N. Main Street Somerset, KY 42503

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Raceland Ind. Board of Education 600 Ram Blvd Raceland, KY 41169

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:
Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Robertson County Board of Education 1762 Sardis Road Mount Olivet, KY 41064

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Rockcastle County Board of Education 245 Richmond Street Mount Vernon, KY 40456

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Method of Payment

Fund Type:

⊠State

Federal

Other:

Yes

🗌 No

🗆 Yes

🖾 No

Subrecipient:

Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

Research and Development:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠ Electronic Submission CDIP □ Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Rowan County Board of Education 551 Viking Drive Morehead, KY 40351

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management ⊠Other: Beginning of Fiscal Year

□ Monthly

Quarterly

Fund Type:

⊠State

Federal

Other:

Yes

🗌 No

🗆 Yes

🖾 No

Subrecipient:

Research and Development:

Method of Payment

Federal Cash Request

□ Automatic Payment

⊠Lump Sum

Expenditure Reimbursement

□ Receipt of Invoice from Vendor

Reimbursement Frequency:

Financial Reporting Method: ⊠ Electronic Submission CDIP □ Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Russell County Board of Education 404 South Main Street Jamestown, KY 42629

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management □Federal □Other:

Fund Type:

⊠State

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Russell Ind. Board of Education 908 Powell Lane Flatwoods, KY 41139

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management □Other: Subrecipient:

Fund Type:

⊠State

Federal

□ Yes □ No

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Russellville Ind. Board of Education 355 South Summer Street Russellville, KY 42276

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management □ Yes □ No

Subrecipient:

Fund Type:

⊠State

Federal

Other:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip:

Science Hill Ind. Board of Education 6007 N Hwy 27 Science Hill, KY 42553

KDE Contact Information

Program Consultant: Street Address: **Budget Contact:** Street Address: City, State Zip:

Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number:

School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A **Special Instructions/Conditions:**

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch **Division of Budget & Financial Management**

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Date: July 8, 2025

Fund Type: ⊠State Federal

Other:

Subrecipient: Yes 🗌 No

Research and Development: 🗆 Yes

🖾 No

Method of Payment

 Federal Cash Request Expenditure Reimbursement □ Automatic Payment ⊠Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

□ Monthly Quarterly ⊠Other: Beginning of Fiscal Year

Financial Reporting Method:

⊠ Electronic Submission CDIP Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Scott County Board of Education 2168 Frankfort Pk. Georgetown, KY 40324

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management □ No Research a

Subrecipient:

Fund Type:

⊠State

Federal

Other:

Yes

Research and Development: □ Yes ⊠ No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

□ Monthly □ Quarterly ⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠ Electronic Submission CDIP □ Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Shelby County Board of Education 1155 W Main Street Shelbyville, KY 40066

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Method of Payment

Fund Type:

⊠State

Federal

Other:

Yes

🗌 No

🗆 Yes

🖾 No

Subrecipient:

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

Research and Development:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠ Electronic Submission CDIP □ Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Simpson County Board of Education 430 S College Street Franklin, KY 42135

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □ Federal □ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Somerset Ind. Board of Education 305 College Street Somerset, KY 42501

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Southgate Ind. Board of Education 6 William F. Blatt Avenue Southgate, KY 41071

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Spencer County Board of Education 110 Reasor Ave Taylorsville, KY 40071

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Research and Development: □ Yes ⊠ No

Fund Type:

⊠State

Federal

Other:

Yes

🗌 No

Subrecipient:

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Taylor County Board of Education 1209 E Broadway Campbellsville, KY 42718

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Fund Type: State □ Federal □ Other:

Subrecipient:

Research and Development: Yes

🛛 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠ Electronic Submission CDIP □ Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Todd County Board of Education 205 Airport Road Elkton, KY 42220

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Trigg County Board of Education 202 Main Street Cadiz, KY 42211

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Trimble County Board of Education 116 Wentworth Avenue Bedford, KY 40006

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Union County Board of Education 4500 US Highway-60 W Morganfield, KY 42437

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Fund Type: ⊠State □Federal

Other:

Subrecipient:

🗌 No

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Walton Verona Ind. Board of Education 16 School Road Walton, KY 41094

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Warren County Board of Education 303 Lovers Lane Bowling Green, KY 42102

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management □ Yes □ No

Subrecipient:

Fund Type:

⊠State

Federal

Other:

Research and Development: Yes

🛛 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Washington County Board of Education 120 Mackville Hill Road Springfield, KY 40069

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Wayne County Board of Education 150 Cardinal Way Monticello, KY 42633

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Other: Subrecipient:

Fund Type:

⊠State

Federal

□ Yes □ No

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Webster Co Board of Education 28 State Route 1340 Dixon, KY 42409

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ☐ State ☐ Federal ☐ Other:

Subrecipient:

Research and Development: Yes

🛛 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Whitley County Board of Education 300 Main Street Williamsburg, KY 40769

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Subrecipient:

Fund Type:

⊠State

Federal

Other:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Williamsburg Ind. Board of Education 1000 Main Street Williamsburg, KY 40769

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠ Electronic Submission CDIP □ Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Williamstown Ind. Board of Education 300 Helton Street Williamstown, KY 41097

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management ⊠State □Federal □Other:

Fund Type:

Subrecipient:

Research and Development: \Box Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Wolfe County Board of Education 85 Main Street Campton, KY 41301

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management dissem

Fund Type: State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

Federal Cash Request
Expenditure Reimbursement
Automatic Payment
Lump Sum
Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Evaluations: Each program will be evaluated per specific program guidelines to be disseminated by KDE Program Contracts.

Kentucky Depa

Name and Address of Recipient

Agency Name: Street Address: City, State, Zip: Woodford County Board of Education 330 Pisgah Pk Versailles, KY 40383

KDE Contact Information

Program Consultant: Street Address: Budget Contact: Street Address: City, State Zip: Christina Weeter 300 Sower Blvd Nicole Crosthwaite 300 Sower Blvd Frankfort, KY 40601

Description/Fund Source of Award and Fiscal Year:

Description: Fund Source: MUNIS Project Number: School Based Mental Health Care Provider State General Funds 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$43,095.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: ⊠State □Federal □Other:

Subrecipient:

Research and Development: Yes

🖾 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment ⊠ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠Electronic Submission CDIP □Other:

Kentucky Depa

Name and Address of Recipient Agency Name: Total Board of Education Street Address: City, State, Zip: , KY **KDE Contact Information** Program Consultant: Christina Weeter Street Address: 300 Sower Blvd **Budget Contact:** Nicole Crosthwaite Street Address: 300 Sower Blvd Frankfort, KY 40601 City, State Zip: Description/Fund Source of Award and Fiscal Year: Description: School Based Mental Health Care Provider Fund Source: State General Funds MUNIS Project Number: 14MM

Grant Authority (Source): KRS 154.4416

Award Amount: \$7,412,340.00

Period of Award: July 1, 2025-June 30, 2026

Consortia/Partnership Members: N/A Special Instructions/Conditions:

Authorized By (Name, Title): Nicole Crosthwaite, Budget Branch Division of Budget & Financial Management Date: July 8, 2025

Fund Type: State Federal Other: Subrecipient: ⊻es

□ Yes □ No

Research and Development: Yes

🛛 No

Method of Payment

□ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment □ Lump Sum □ Receipt of Invoice from Vendor

Reimbursement Frequency:

☐ Monthly
☐ Quarterly
⊠ Other: Beginning of Fiscal Year

Financial Reporting Method: ⊠ Electronic Submission CDIP □ Other: