Condition Deerey Sorber **Kentucky Department of Education** Award Notification Name and Address of Recipient: Fund Type: RECEIVED Jefferson County Agency Name \boxtimes State Street Address 3332 Newburg Rd Federal AUG 0 8 2014 City, KY Zip Lousville, KY 40232 Other: **Method of Payment:** Federal Cash Request **KDE** Contact Information: Joe Morgan – 502-564-4286 Program Consultant – Phone # **Expenditure Reimbursement** Street Address 500 Mero St., 21st Fl. CPT **Automatic Payment** \boxtimes Budget Contact - Phone # Lea Lewis – 502-564-4286 Lump Sum Street Address 500 Mero St., 20th Fl. CPT Receipt of Invoice from Vendor Frankfort, Kentucky 40601 City, KY Zip Reimbursement Frequency: Description/Fund Source of Award and Fiscal Year: Monthly Description Biomedical Sciences Grant Quarterly Fund Source \boxtimes State Funds Other Lump Sum Payment CFDA# N/A MUNIS Project Number 14L4 Financial Reporting Method: 10 Master Agreement Number Electronic Submission \boxtimes Hard Copy Final Report due Other no later than 11/30/14 Grant Authority (Source): 4 Award Amount: 11 **Evaluations: Pathway Evaluation Report due** to program office no later than 9/30/14. \$14988.00 Period of Award: 7/1/14-1/05/15 Consortia/Partnership Members: **Special Instructions/Conditions:** Authorized By (Name/Title): Dale Winkler, Associate Commissioner Date: July 1,2014 Office of Career & Technical Education