

## CATHOLIC CHARITIES OF LOUISVILLE KENTUCKY OFFICE FOR REFUGEES SUBAWARD AGREEMENT: COVER PAGE

| <b>Subaward</b> # 254-107020-2021   |   |  |  |  |
|---|---|--|--|--|
| Subawaiu # 254-10/020-2021  | <b>DUNS #</b> 062984430   |  |  |  |
| FAIN # 2001KYRSOC & 2101KYRSSS  | <b>CFDA #</b> 93.566  |  |  |  |
| Program Title: Refugee School Impact: Refugee   | e Support Services Set-Aside  |  |  |  |
| Period of Performance: 10/01/2020 THRU 09/  | 30/2021   |  |  |  |
| Sub Office? Address:  | Sub Office Director:  |  |  |  |
| Yes □   | Phone Number:   |  |  |  |
| lo ⊠  <br>Program Reports are to be submitted: Quar   | Email:  |  |  |  |
| Notice of Subaward.   | nth, for the final month of liquidation as indicated on 17b. of the   |  |  |  |
| <b>Subrecipient Program Manager:</b> Vongmany E   | dmonds, EL Specialist   |  |  |  |
| mail:<br>ongmany.edmonds@jefferson.kyschools.us   | <b>Phone Number:</b> (502) 485-6081   |  |  |  |
| ubrecipient Financial Contact: Dontia Doug  |   |  |  |  |
| mail: dontia.douglas2@jefferson.kyschools.us  | <b>Phone Number</b> : (502) 485-7931  |  |  |  |
|   | nic performance and cuccessful integration of refugee youth and   |  |  |  |
| The RSI program's goals are to promote acader other youth served by ORR.  | mic performance and successful integration of refugee youth and   |  |  |  |
| Subaward Package Attachments:  (a) Notice of Subaward (b) Standard Terms and Conditions (c) Program Specific Terms and Conditions (d) National Policy Requirements (e) Financial Report Format with Approved E(f) Financial Report Instructions | Budget  ees that the organization will assume the obligations imposed by and conditions of the subaward, including any assurances. These opriate use of funds awarded and the performance of the grant- |  |  |  |

The signed subaward cover page should be returned to Cielina Wallen, at <a href="mailto:cwallen@archlou.org">cwallen@archlou.org</a>

**Signature of Authorized Representative** 



**Date** 

|  |  |   | Cathol   | ic Charitics   | of Louisville |  |
|--|--|---|--|--|---------------|--|
| CATHOLIC CHARITIES OF LOUISVILLE, INC.   |  | N   | Catholic Charities of Louisville  Notice of Subaward   |  |               |  |
| 1. Ty  | ype of Action                              | 50<br>A                                       |  | 2. Reason for Action   |               |  |
| Subaward: 🗵  |  |   | Initial Funding  | Initial Funding ⊠  |               |  |
| Amended Subaward: □ Amendment No. :  |  |   | Decrease in Fund   | Supplemental Funding □ Decrease in Funding □ Revision of Information □ |               |  |
| 3. Federal Awarding Agency: Health and Human Services Administration for Children and Families Office of Refugee Resettlement  4. Federal Rec Catholic Charities 2911 South Four Louisville KY 402   |  | s of Louisville<br>th Street<br>208           | f Louisville Kentucky Office for Refugees Street 2222 West Market Street Louisville KY 40212 |  |               |  |
| 6. FAIN No:<br>2001KYRSOC & 2101KYRSSS   | 7. Total Amount of F<br>Recipient: \$ 1,81 | Federal Funds av<br>13,017.00                 | varded to Federal  | 8. Date Awarded to Federal Recipient: 11/04/2020                       |               |  |
| 9. CFDA No:  | 10. CFDA Title:                            |   |  | 11. Federal Pro  | ject Period:  |  |
| 93.566   |  |   |  |  | to 09/30/2022 |  |
| 12. Subrecipient Organizatio   | on:  |   | 13. Subrecipient D   | OUNS No.:  |               |  |
|  | nty Public Schools                         | *   | 062984430  |  |               |  |
| Street: 1325 Bluegras:<br>City/State/Zip Code: Louisville, KY 4  | s Avenue<br>40215                          |   |  |  |               |  |
| 14. Subaward Period of Perf  |  | 09/30/2021                                    | <b>15. Subaward No:</b> 254-107020-2021  |  |               |  |
| 16. Total Amount of Federal<br>during the Period of Per  | Funds Subawarded b                         | y this Action                                 | 17. Total Amount of Federal Funds Subawarded during the Period of Performance: \$ 160,000.00 |  |               |  |
|  | \$ 160,00                                  | 00.00   | 17a: Final Date of Obligation: 09/30/2021  |  |               |  |
| 16a. Date awarded to subrecipie  |  | )20   | 17b. Final Date of Liquidation: 11/30/2021   |  |               |  |
| 18. Subrecipient is to be pai  | d by:                                      |   | 19. Authorized Representative of Subrecipient:   |  |               |  |
| Cash Advance □ Reimbursement   |  |   | Name: Dr. Marty Pollio   |  |               |  |
| 18a: Payment made by: Dir  |  |   | Title: Superintendent  |  |               |  |
| Ch<br>20. PTE Remarks  | neck 🗆                                     |   | Superintendent   |  |               |  |
| This award of \$160,000 represe  | ents 100% of the Total /                   | Approved budget.                              |  |  |               |  |
| The district is also expected to participate in bimonthly calls with other RSIG sub grantees to discuss program updates and create a statewide data management tool to demonstrate grant impact. These calls will be convened and facilitated by the Kentucky Office for Refugees. The district should designate at least one representative to consistently join these calls.   |  |   |  |  |               |  |
| Your agency must submit a final financial report at the conclusion of each budget period. Your agency's financial report should tie to the Total Cumulative Expenditures (Box 14 KOR Monthly Financial Report) submitted for reimbursement. Funds will be held if your agency's financial report does not tie to the Total Cumulative Expenditures until they can be reconciled. |  |   |  |  |               |  |
|  |  |   |  |  |               |  |
|  |  | 2. Federal Recipient Lead Contact (Financial) |  |  |               |  |
| Name Rylan Truman N  |  | Name: Cielina Wallen                          |  |  |               |  |
| Trainian@arcinoalorg   |  |   | Email: <u>cwallen@archlou.org</u><br>Phone Number: 502-873-2566 ext. 253                     |  |               |  |
| Thore rained 302 0/3 2500 0xt 255  |  |   |  |  |               |  |
| 23. Signature-Kentucky Office for Refugees: Director  Rebecca Jordan Date: Date:   |  |   |  |  |               |  |

Lisa C. DeJaco Crutcher

24. Signature-Catholic Charities of Louisville: Executive Director Date:

Digitally signed by Lisa C. DeJaco Crutcher Date: 2020.12.10 12:13:47 -05'00'

| CATHOLIC CHARITIES OF LOUISVILLE, INC.   |   | Cathol                                     | Catholic Charities of Louisville                                |   |                          |  |
|--|---|--|---|---|--------------------------|--|
|  |   | N  | Notice of Subaward  |   |                          |  |
| 1. Type of Action  |   |  | 2. Reason for Action  |   |                          |  |
| Subaward: 🗵  | , , , , , , , , , , , , , , , , , , ,       |  | Initial Funding   |   |                          |  |
|  |   |  | Supplemental Funding  |   |                          |  |
| Amended Subaward: □ Amendment No.:   |   |  | Decrease in Funding $\square$ Revision of Information $\square$ |   |                          |  |
| 3. Federal Awarding Agency:  Health and Human Services  Administration for Children and Families  Office of Refugee Resettlement  4. Federal Recip Catholic Charities 2911 South Fourt Louisville KY 4020  |   |  | of Louisville<br>th Street<br>08                                | Louisville Kentucky Office for Refugees |                          |  |
| 6. FAIN No:  | 7. Total Amount of I                        | Federal Funds aw                           | arded to Federal  | 8. Date Award                           | ed to Federal Recipient: |  |
| 2001KYRSOC & 2101KYRSSS  | Recipient: \$ 1,81                          | 13,017.00                                  |   | 11/04/2020                              |                          |  |
| 9. CFDA No:  | 10. CFDA Title:                             |  |   | 11. Federal Pr                          | oject Period:            |  |
| 93.566   | Refugee Support S                           | Services -Refugee So                       | chool Impact Services   | 10/01/2020                              | to 09/30/2022            |  |
| 12. Subrecipient Organization  | on:   |  | 13. Subrecipient I  | DUNS No.:                               |                          |  |
|  | nty Public Schools                          |  | 062984430   |   |                          |  |
| Street: 1325 Bluegras  | ss Avenue                                   |  |   |   |                          |  |
| City/State/Zip Code: Louisville, KY  | 40215                                       |  |   |   |                          |  |
| 14. Subaward Period of Per   | formance:<br>10/01/2020 thru                | 09/30/2021                                 | <b>15. Subaward No:</b> 254-107020-2021                         |   |                          |  |
| 16. Total Amount of Federa   |   | y this Action                              | 17. Total Amount of Federal Funds Subawarded during             |   |                          |  |
| during the Period of Per   |   | 00.00                                      | the Period of Performance: \$ 160,000.00                        |   |                          |  |
| \$ 160,000.00  |   | 17a: Final Date of Obligation: 09/30/2021  |   |   |                          |  |
| 16a. Date awarded to subrecipient: 12/10/2020  |   | 17b. Final Date of Liquidation: 11/30/2021 |   |   |                          |  |
| <b>18. Subrecipient is to be pa</b> Cash Advance □   | id by:                                      |  | 19. Authorized Representative of Subrecipient:                  |   |                          |  |
| Reimbursement 🗷  |   |  | Name: Dr. Marty Pollio  |   |                          |  |
| 18a: Payment made by: Di   | rect Deposit ⊠<br>neck □                    |  | Title: Superintendent   |   |                          |  |
| 20. PTE Remarks  | ieck 🗆                                      |  |   |   |                          |  |
| This award of \$160,000 repres   | ents 100% of the Total A                    | Approved budget.                           |   |   |                          |  |
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|  | r   |  |   |   |                          |  |
| , ,  |   | Federal Recipient Lead Contact (Financial) |   |   |                          |  |
|  | Rylati Truffiati                            |  | ame: Cielina Wallen<br>nail: cwallen@archlou.org                |   |                          |  |
| Phone Number: 502-873-2560   |   | l l  | ne Number: 502-873-2566 ext. 253                                |   |                          |  |
| 23. Signature-Kentucky Off   | _   |  | District  | and by Daha land                        | Date:                    |  |
| Director Rebecca J   |   |  | Jordan Digitally sig  | .12.10 13:17:59 -05'00'                 |                          |  |
| 24. Signature-Catholic Char  | rities of Louisville:<br>Executive Director | Lisa C. D<br>Crutcher                      | Crutcher  | gned by Lisa C. DeJaco                  | Date:                    |  |
| Ī  |   | OT GLOTTOI                                 | //  |   | İ                        |  |