SBMH GRANT AGREEMENT

Mental Health Personnel

Northern Kentucky Institute for Empowerment

Northern Kentucky Cooperative for Educational Services

This Agreement is made and entered into on **July 1, 2025**, between ***Northern Kentucky Cooperative for Educational Services*** *(NKCES)*, at *5516 East Alexandria Pike, Cold Spring, KY 41076* and

_____ *(District Name)*, at

_____*(District Address).*

In accordance with the *Northern Kentucky Institute for Empowerment School-Based Mental Health Grant*, a project funded by the U.S. Department of Education's *School-Based Mental Health Grant Program* funded through the *Office of Safe and Supportive Schools* (PR Award #S184H220030; CFDA #84.184H; Project Code 534XW) **NKCES and the District agree to the following:**

Services to Be Performed

District agrees to perform the following educational/mental health services for NKCES:

- Monitor and support the Mental Health Professional hired along with the District Grant Coordinator in completing the *SBMH Grant District Plan and SBMH Mental Health Provider Data* provided by NKCES
- **By June 30, 2026,** submit a completed *SBMH Grant District Plan*, SBMH *Mental Health Provider Data*, and any other grant requirements/documentation following templates, guidelines, and timelines provided by NKCES
- Provide detailed check history through Munis reports or other documentation of the Mental Health Professional's salary paid by grant funds in addition to the District Grant Coordinator's stipend paid by grant funds

Time for Performance

Services will be performed within the fiscal year **July 1, 2025 - June 30, 2026,** following the timeline and meeting the deadlines provided by NKCES and required by the grant.

Payment

NKCES will reimburse the District $16,250 at the end of each quarter for the salary of the Mental Health Professional hired by the district in addition to the $2,500 stipend for the District Grant Coordinator will be provided at the end of the fall semester.

Signature of District Designee	Date	Printed Name of District Designee
Amy Razor	6-4-25	Amy Razor
Signature of NKCES Designee	Date	Printed Name of NKCES Designee