



Head Start

Grant Application

2019

Re-Approval

THE PAPERWORK REDUCTION ACT OF 1995 (PUB. L. 104-13)

Public reporting burden for this collection of information is estimated to average 33 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Program Schedules

Center-based								
Schedule Number	2. Funded Child Enrollment	3a. Number of classes / groups	3b. Double Session	4. Number of hours of classes / groups per child per day	5. Number of days of classes / groups per child per week	6. Number of days of classes / groups per child per year	7. Number of home visits per child per year	8. Number of hours per home visit
CB-200-1 delete	<input type="text"/>	<input type="text"/>	no ▾	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total: 0

Add Center-based Schedule

Combination Program								
Schedule Number	2. Funded Child Enrollment	3a. Number of classes / groups	3b. Double Session	4. Number of hours of classes / groups per child per day	5. Number of days of classes / groups per child per week	6. Number of days of classes / groups per child per year	7. Number of home visits per child per year	8. Number of hours per home visit

Total: 0

Family Child Care								
Schedule Number	2. Funded Child Enrollment	3a. Number of classes / groups / family child care settings	3b. Double Session	4. Number of hours of classes / groups / FCC settings per child per day	5. Number of days of classes / groups / FCC settings per child per week	6. Number of days of classes / groups / FCC settings per child per year	7. Number of home visits per child per year	8. Number of hours per home visit
FCC-200-1 delete	<input type="text"/>	<input type="text"/>	no ▾	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total: 0

Add Family Child Care Schedule

Home-based					
Schedule Number	2. Funded Child Enrollment	9. Number of home visits per child per year	10. Number of hours per home visit	11. Number of hours per home-based socialization experience	12. Number of home-based socialization experiences per child per year
HB-200-1 delete	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total: 0

Add Home-based Schedule

Locally Designed Program								
Schedule Number	2. Funded Child Enrollment	3a. Number of classes / groups	3b. Double Session	4. Number of hours of classes / groups per child per day	5. Number of days of classes / groups per child per week	6. Number of days of classes / groups per child per year	7. Number of home visits per child per year	8. Number of hours per home visit
LD-200-1 delete	<input type="text"/>	<input type="text"/>	no ▾	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total: 0

Add Locally Designed Program Schedule

Pregnant Women	
Schedule Number	Projected Number of Pregnant Women
PW-200-1 delete	<input type="text"/>

Total: 0

Add Pregnant Women Schedule

Change in Scope

If your application includes a Change in Scope, please click the appropriate box or boxes below.

- Conversion
- Enrollment reduction
- Add or remove program option
- Other programmatic change
- Locally Designed Option (LDO)

Line Item	Federal			Non-Federal Share	Total Cost	Employees	Admin Allocation		
	Program Operations	TTA	Total				Actual	Default	
1. Program Managers and Content Area Experts	\$ <input type="text"/>	\$ <input type="text" value="0"/>	\$0	\$ <input type="text" value="0"/>	\$0	<input type="text"/>	<input type="text" value="0"/> %	<input type="text" value="0"/> %	
2. Teachers / Infant Toddler Teachers	\$ <input type="text"/>	\$ <input type="text" value="0"/>	\$0	\$ <input type="text" value="0"/>	\$0	<input type="text"/>	<input type="text" value="0"/> %	<input type="text" value="0"/> %	
3. Family Child Care Personnel	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$0	\$ <input type="text" value="0"/>	\$0	<input type="text" value="0"/>	<input type="text" value="0"/> %	<input type="text" value="0"/> %	
4. Home Visitors	\$ <input type="text"/>	\$ <input type="text" value="0"/>	\$0	\$ <input type="text" value="0"/>	\$0	<input type="text" value="0"/>	<input type="text" value="0"/> %	<input type="text" value="0"/> %	
5. Teacher Aides and Other Education Personnel	\$ <input type="text"/>	\$ <input type="text" value="0"/>	\$0	\$ <input type="text" value="0"/>	\$0	<input type="text" value="0"/>	<input type="text" value="0"/> %	<input type="text" value="0"/> %	
6. Health / Mental Health Services Personnel	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$0	\$ <input type="text" value="0"/>	\$0	<input type="text" value="0"/>	<input type="text" value="0"/> %	<input type="text" value="0"/> %	
7. Disabilities Services Personnel	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$0	\$ <input type="text" value="0"/>	\$0	<input type="text" value="0"/>	<input type="text" value="0"/> %	<input type="text" value="0"/> %	
8. Nutrition Services Personnel	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$0	\$ <input type="text" value="0"/>	\$0	<input type="text" value="0"/>	<input type="text" value="0"/> %	<input type="text" value="0"/> %	
9. Other Child Services Personnel	\$0	\$0	\$0	\$0	\$0		0%		
9.1 Other Child Services Personnel	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$0	\$ <input type="text" value="0"/>	\$0	<input type="text" value="0"/>	<input type="text" value="0"/> %	<input type="text" value="0"/> %	
<input type="button" value="add"/>									
Child Health and Development Personnel Total:	\$0	\$0	\$0	\$0	\$0	0	0%		

Line Item	Federal			Non-Federal Share	Total Cost	Employees	Admin Allocation		
	Program Operations	TTA	Total				Actual	Default	
10. Program Managers and Content Area Experts	\$ <input type="text" value="41,600"/>	\$ <input type="text" value="0"/>	\$41,600	\$ <input type="text" value="0"/>	\$41,600	<input type="text" value="1"/>	<input type="text" value="0"/> %	<input type="text" value="0"/> %	
11. Other Family and Community Partnerships Personnel	\$0	\$0	\$0	\$0	\$0		0%		
11.1 Other Family and Community Partnerships Personnel	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$0	\$ <input type="text" value="0"/>	\$0	<input type="text" value="0"/>	<input type="text" value="0"/> %	<input type="text" value="0"/> %	
<input type="button" value="add"/>									
Family and Community Partnership Personnel Total:	\$41,600	\$0	\$41,600	\$0	\$41,600	1	0%		

Line Item	Federal			Non-Federal Share	Total Cost	Employees	Admin Allocation	
	Program Operations	TTA	Total				Actual	Default
12.Executive Director / Other Supervisor of HS Director	\$ 0	\$ 0	\$0	\$ 0	\$0	0	100%	100%
13.Head Start / Early Head Start Director	\$ 0	\$ 0	\$0	\$ 0	\$0	0	100%	100%
14.Managers	\$0	\$0	\$0	\$0	\$0		0%	
14.1 Managers	\$ 0	\$ 0	\$0	\$ 0	\$0	0	100%	100%
15.Staff Development	\$ 0	\$ 0	\$0	\$ 0	\$0	0	100%	100%
16.Clerical Personnel	\$ 0	\$ 0	\$0	\$ 0	\$0	0	100%	100%
17.Fiscal Personnel	\$ 0	\$ 0	\$0	\$ 0	\$0	0	100%	100%
18.Other Administrative Personnel	\$0	\$0	\$0	\$0	\$0		0%	
18.1 Other Administrative Personnel	\$ 0	\$ 0	\$0	\$ 0	\$0	0	100%	100%
Program Design and Management Personnel Total:	\$0	\$0	\$0	\$0	\$0	0	0%	

Line Item	Federal			Non-Federal Share	Total Cost	Employees	Admin Allocation	
	Program Operations	TTA	Total				Actual	Default
19.Maintenance Personnel	\$ 0	\$ 0	\$0	\$ 0	\$0	0	5%	5%
20.Transportation Personnel	\$ 33,280	\$ 0	\$33,280	\$ 0	\$33,280	1	0%	0%
21.Other Personnel	\$0	\$0	\$0	\$0	\$0		0%	
21.1 Other Personnel	\$ 0	\$ 0	\$0	\$ 0	\$0	0	0%	0%
Other Personnel Total:	\$33,280	\$0	\$33,280	\$0	\$33,280	1	0%	

Line Item	Federal			Non-Federal Share	Total Cost	Admin Allocation		
	Program Operations	TTA	Total			Actual	Default	
1.Social Security (FICA), State Disability, Unemployment (FUTA), Worker's Compensation, State Unemployment Insurance (SUI)	\$ 0	\$ 0	\$0	\$ 0	\$0		0%	
<ul style="list-style-type: none"> Warning: The agency has not entered an amount for the required fringe benefits (Social Security, State Disability, Unemployment, Worker's Compensation). 								
2.Health / Dental / Life Insurance	\$ 0	\$ 0	\$0	\$ 0	\$0		0%	
3.Retirement	\$ 0	\$ 0	\$0	\$ 0	\$0		0%	
4.Other Fringe	\$0	\$0	\$0	\$0	\$0		0%	
4.1 Other Fringe	\$ 0	\$ 0	\$0	\$ 0	\$0		0%	
Fringe Benefits Total:	\$0	\$0	\$0	\$0	\$0		0%	

Personnel Fringe Benefits Travel Equipment Supplies Contractual Construction Other Indirect Charges

Line Item	Federal			Non-Federal Share	Total Cost	Admin Allocation	
	Program Operations	TTA	Total			Actual	Default
1. Staff Out-Of-Town Travel	\$ 0	\$ 0	\$0	\$ 0	\$0	%	5%
Travel Total:	\$0	\$0	\$0	\$0	\$0	0%	

Personnel Fringe Benefits Travel Equipment Supplies Contractual Construction Other Indirect Charges

Line Item	Federal			Non-Federal Share	Total Cost	Admin Allocation	
	Program Operations	TTA	Total			Actual	Default
1. Office Equipment	\$ 0	\$ 0	\$0	\$ 0	\$0	%	100%
2. Classroom / Outdoor / Home-based / FCC	\$ 0	\$ 0	\$0	\$ 0	\$0	%	0%
3. Vehicle Purchase	\$ 0	\$ 0	\$0	\$ 0	\$0	%	0%
4. Other Equipment	\$0	\$0	\$0	\$0	\$0	0%	
4.1 Other Equipment	\$ 0	\$ 0	\$0	\$ 0	\$0	%	0%
Equipment Total:	\$0	\$0	\$0	\$0	\$0	0%	

Personnel Fringe Benefits Travel Equipment Supplies Contractual Construction Other Indirect Charges

Line Item	Federal			Non-Federal Share	Total Cost	Admin Allocation	
	Program Operations	TTA	Total			Actual	Default
1. Office Supplies	\$ 0	\$ 0	\$0	\$ 0	\$0	%	100%
2. Child and Family Services Supplies	\$ 0	\$ 0	\$0	\$ 0	\$0	%	0%
3. Food Services Supplies	\$ 0	\$ 0	\$0	\$ 0	\$0	%	0%
4. Other Supplies	\$0	\$0	\$0	\$0	\$0	0%	
4.1 Supplies: Janitorial / Maintenance	\$ 0	\$ 0	\$0	\$ 0	\$0	%	0%
Supplies Total:	\$0	\$0	\$0	\$0	\$0	0%	

Personnel Fringe Benefits Travel Equipment Supplies Contractual Construction Other Indirect Charges

Line Item	Federal			Non-Federal Share	Total Cost	Admin Allocation	
	Program Operations	TTA	Total			Actual	Default
1. Administrative Services (e.g., Legal, Accounting)	\$ 0	\$ 0	\$0	\$ 0	\$0	100%	100%
2. Health / Disabilities Services	\$ 0	\$ 0	\$0	\$ 0	\$0	0%	0%
3. Food Service	\$ 0	\$ 0	\$0	\$ 0	\$0	0%	0%
4. Child Transportation Services	\$ 0	\$ 0	\$0	\$ 0	\$0	0%	0%
5. Training and Technical Assistance	\$ 0	\$ 0	\$0	\$ 0	\$0	0%	0%
6. Family Child Care	\$ 0	\$ 0	\$0	\$ 0	\$0	0%	0%
7. Delegate Agency Costs	\$0	\$0	\$0	\$0	\$0	0%	
8. Other Contracts	\$0	\$0	\$0	\$0	\$0	0%	
8.1 Other Contracts	\$ 0	\$ 0	\$0	\$ 0	\$0	0%	0%
Contractual Total:	\$0	\$0	\$0	\$0	\$0	0%	

Line Item	Federal			Non-Federal Share	Total Cost	Admin Allocation	
	Program Operations	TTA	Total			Actual	Default
1.New Construction	\$ 0	\$ 0	\$0	\$ 0	\$0	0%	0%
2.Major Renovation	\$ 0	\$ 0	\$0	\$ 0	\$0	0%	0%
3.Acquisition of Buildings / Modular Units	\$ 0	\$ 0	\$0	\$ 0	\$0	0%	0%
Construction Total:	\$0	\$0	\$0	\$0	\$0	0%	

Definitions:

- Construction means new buildings, and excludes renovations, alterations, additions, or work of any kind to existing buildings.
- Major renovation means any individual or collective renovation that has a cost equal to or exceeding \$250,000. It excludes minor renovations and repairs except when they are included in a purchase application.
- Purchase means to buy an existing facility, including outright purchase, down payment or through payments made in satisfaction of a mortgage or other loan agreement, whether principal, interest or an allocated portion principal and/or interest. The use of grant funds to make a payment under a capital lease agreement, as defined in the cost principles, is a purchase subject to these provisions. Purchase also refers to an approved use of Head Start funds to continue paying the cost of purchasing facilities or refinance an existing loan or mortgage beginning in 1987.

All construction, purchase or major renovation must have an approved [1303 Subpart E Facilities application](#).

Line Item	Federal			Non-Federal Share	Total Cost	Admin Allocation	
	Program Operations	TTA	Total			Actual	Default
1.Depreciation / Use Allowance	\$ 0	\$ 0	\$0	\$ 0	\$0	%	5%
2.Rent	\$ 0	\$ 0	\$0	\$ 0	\$0	%	5%
3.Mortgage	\$ 0	\$ 0	\$0	\$ 0	\$0	%	5%
4.Utilities, Telephone	\$ 0	\$ 0	\$0	\$ 0	\$0	%	5%
5.Building and Child Liability Insurance	\$ 0	\$ 0	\$0	\$ 0	\$0	%	5%
6.Building Maintenance / Repair and Other Occupancy	\$ 0	\$ 0	\$0	\$ 0	\$0	%	5%
7.Incidental Alterations / Renovations	\$ 0	\$ 0	\$0	\$ 0	\$0	%	5%
8.Local Travel	\$ 0	\$ 0	\$0	\$ 0	\$0	%	0%
9.Nutrition Services	\$ 0	\$ 0	\$0	\$ 0	\$0	%	0%
10.Child Services Consultants	\$ 0	\$ 0	\$0	\$ 0	\$0	%	0%
11.Volunteers	\$ 0	\$ 0	\$0	\$ 0	\$0	%	0%
12.Substitutes (if not paid benefits)	\$ 0	\$ 0	\$0	\$ 0	\$0	%	0%
13.Parent Services	\$ 0	\$ 0	\$0	\$ 0	\$0	%	0%
14.Accounting and Legal Services	\$ 0	\$ 0	\$0	\$ 0	\$0	%	100%
15.Publications / Advertising / Printing	\$ 0	\$ 0	\$0	\$ 0	\$0	%	50%
16.Training or Staff Development	\$ 0	\$ 0	\$0	\$ 0	\$0	%	0%
17.Other	\$0	\$0	\$0	\$0	\$0	0%	

17.1

Background Checks	\$ 0	\$ 0	\$0	\$ 0	\$0	%	0%
-------------------	------	------	-----	------	-----	---	----

delete add

17.2

Field Trips / Special Events	\$ 0	\$ 0	\$0	\$ 0	\$0	%	0%
------------------------------	------	------	-----	------	-----	---	----

delete add

17.3

Fuel	\$ 0	\$ 0	\$0	\$ 0	\$0	%	0%
------	------	------	-----	------	-----	---	----

delete add

Other Total:	\$0	\$0	\$0	\$0	\$0	0%	
---------------------	-----	-----	-----	-----	-----	----	--

Line Item	Federal			Non-Federal Share	Total Cost	Admin Allocation	
	Program Operations	TTA	Total			Actual	Default
1. Indirect Costs	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	100%	100%
Indirect Charges Total:	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0%	

Please Note: Funding entered on this tab is separate from the non-federal share match and should NOT be included in the NFS funding on the Budget tab.

Other Funding	Amount
Federal Funding	
1. Federal Child Care and Development Fund (CCDF):	\$
2. Child and Adult Care Food Program (CACFP) Funds:	\$ 0
3. Other Federal Funding _____:	\$
State Funding	
4. State Preschool Programs:	\$
5. Other State Funding _____:	\$
Local Government Funding	
6. School District Funding:	\$
7. Other Local Government Funding _____:	\$
Other Funding	
8. Tribal Government Funding:	\$
9. Fundraising Activities:	\$
10. Other _____:	\$
Total:	\$ 0

SF-424A

Section A - Budget Summary

The New or Revised Budget Federal Column (e) is populated with amounts from Section B, Line 6.k.
 The New or Revised Budget Non-Federal Column (f) is populated with amounts from Section C, Column (e).

Grant Program, Function or Activity	Catalog of Federal Domestic Assistance Number	Estimated Unobligated Funds ?		New or Revised Budget ?		Total ?
		Federal	Non-Federal	Federal ?	Non-Federal ?	
(a)	(b)	(c)	(d)	(e)	(f)	(g)
1. Program Operations	93.600	\$	\$	\$ 0	\$ 0	\$ 0
2. TTA	93.600	\$	\$	\$ 0	\$ 0	\$ 0
3. N/A						
4. N/A						
5. Totals		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

Section C - Non-Federal Resources

The sum of the amounts in Column (e) for Program Operations (Line 8) and TTA (Line 9) should equal the Non-Federal Share amount of \$0 specified in the Budget tab.

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) Total
8. Program Operations	\$ 0	\$	\$	\$0
9. TTA	\$	\$	\$	\$0
10.				\$0
11.				\$0
12. Total (sum of lines 8-11)	\$0	\$0	\$0	\$0

Section D - Forecasted Cash Needs

Enter the amount of cash needed by quarter from the grantor agency, and from all other sources.

Budget Category	Total from Section A	Current Year Budget (a + b + c + d)	1st Quarter (a)	2nd Quarter (b)	3rd Quarter (c)	4th Quarter (d)
13. Federal	\$0	\$500,000	\$ 125,000	\$ 125,000	\$ 125,000	\$ 125,000
14. Non-Federal	\$0	\$0	\$	\$	\$	\$
15. Total (Sum of lines 13-14)	\$0	\$500,000	\$125,000	\$125,000	\$125,000	\$125,000

- Error: The sum of the federal funding amounts entered in the four quarters doesn't equal the federal total from Section A.
- Warning: The same federal funding amount was entered for all four quarters.

Section F - Other Budget Information

21. Direct Charges: ?

22. Indirect Charges: ?

23. Remarks: ?

SF-424

8. APPLICANT INFORMATION

a. Legal Name*: ?

b. Employer/Taxpayer Identification Number (EIN/TIN)*: ?

c. Organizational DUNS*: ?

d. Address*: ?

Address Line 1: 5136 Gestas Orci
 Address Line 2: Gue Velit Ph
 City: Bibendum
 State: KS
 ZIP + 4: 00000 - 0000
 County: Brown County
 Congressional District: KS-002
 Congressional Representative: Lynn Jenkins

[edit location](#)

e. Organizational Unit: Department Name*: ?
 Division Name: ?

Kickapoo Tribe in Kansas
 Early Head Start

f. Name and contact information of person to be contacted on matters involving this application: ?

Prefix: Other

First Name*:
 Middle Name:
 Last Name*:
 Suffix: Other

Title:
 Organizational Affiliation:
 Phone Number*: () - Extension:
 Fax Number*: () - Extension:
 Email*:

9. Type of Applicant*:	I. Indian/Native American Tribal Government (Federally Recognized) ▼	
10. Name of Federal Agency:	ACF-Head Start	
11. Catalog of Federal Domestic Assistance:	Number: 93.600	Title: Head Start
12. Funding Opportunity Number:	eGrants-N/A	Title: N/A
13. Competition Identification Number:	Not Applicable	

14. Areas Affected by Project*:
(Cities, Counties, States, etc.)

4000 characters remaining.

15. Descriptive Title of Applicant's Project* ?

2000 characters remaining.

16. Congressional District of: ?

a. Applicant*:	KS ▼	002 ▼	use default
b. Program/Project*:	KS ▼	002 ▼	Delete

Add

17. Proposed Project:

a. Start Date: 03/01/2019	b. End Date: 02/29/2020
---------------------------	-------------------------

18. Estimated Funding ?

a. Federal:	\$0
b. Applicant:	\$0
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. TOTAL:	\$0

19. Is Application Subject to Review By State Under Executive Order 12372 Process? ?

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? ?

Yes
 No

21. By signing this application, I certify (1) to the statements contained in the list of [certifications*](#) and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required [assurances*](#) and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

Authorized Representative: ?

Name:	Prefix:	Mr. ▼
	First Name*:	F186359
	Middle Name:	M186359
	Last Name*:	L186359
	Suffix:	Other ▼ <input type="text"/>
Title*:	<input type="text"/>	
Phone Number*:	(555) 555 - 6359	Extension: <input type="text"/>
Fax Number:	() -	Extension: <input type="text"/>
Email*:	<input type="text"/>	

Grantee Change

Change	Grantee Name*	
Yes	<input type="text"/>	

Change	Grantee Address	
	Department:	MS-90CI009968-02-03
	Street Address*:	2019 T Convallis V
	Mail Stop:	GD-90CI009968-02-03
	City*:	Powhattan
	State*:	KS ▾
	ZIP + 4*:	66527 - 8023

Change	Program Director	
	Name Prefix:	<input type="text"/>
	First Name*:	F323909
	Middle Name:	M323909
	Last Name*:	L323909
	Name Suffix:	<input type="text"/>
	Title:	Vitae, Eleifend Vit
	Email*:	323909@hsesinfo.org
	Phone Number*:	(<input type="text"/>) <input type="text"/> - <input type="text"/> Extension: <input type="text"/>
	Fax Number:	(<input type="text"/>) <input type="text"/> - <input type="text"/> Extension: <input type="text"/>
	Street Address 1*:	9340
	Street Address 2:	Integer Malesuada Malesuada BI
	Street Address 3:	<input type="text"/>
	City*:	Enim In
	State*:	DC ▾
	ZIP + 4*:	00000 - 0000

Change	Authorized Representative	
	Name Prefix:	<input type="text"/>
	First Name*:	F323912
	Middle Name:	M323912
	Last Name*:	L323912
	Name Suffix:	<input type="text"/>
	Title:	Sed Eros
Yes	Email*:	<input type="text"/>
	Phone Number*:	(<input type="text"/>) <input type="text"/> - <input type="text"/> Extension: <input type="text"/>
	Fax Number:	(<input type="text"/>) <input type="text"/> - <input type="text"/> Extension: <input type="text"/>
	Street Address 1*:	9585
	Street Address 2:	Mattis Tellus
	Street Address 3:	<input type="text"/>
	City*:	Vestibul
	State*:	DC ▾
	ZIP + 4*:	00000 - 0000

Add Correspondence

Correspondence	
Subject:	<input type="text"/>
	<input type="checkbox"/> Select all Regional Office Key Staff
To:	<input type="checkbox"/> SPS Test ID RO Supervisory Program Specialist <input type="checkbox"/> Other(s)
<div style="border: 1px solid #ccc; padding: 5px;"> <div style="display: flex; border-bottom: 1px solid #ccc;"> ↶ ↷ Formats ▾ 12pt ▾ B <i>I</i> <u>U</u> <u>A</u> ▾ A ▾ </div> <div style="height: 100px; border: 1px solid #ccc;"></div> </div>	
Attachments:	<input type="checkbox"/> Include Correspondence PDF <input type="button" value="Add Attachment"/>
<input type="button" value="Send"/> <input type="button" value="Cancel"/>	



Head Start Grant Application Instructions with Guidance

Version 3



ADMINISTRATION FOR
CHILDREN & FAMILIES

Table of Contents

Instructions for the Complete Grant Application Package 13

Instructions for the Application and Budget Justification Narrative 15

Introduction 15

 Baseline Application..... 15

 Continuation Application 15

 Special Instruction for Shortened Budget Periods..... 15

 General Formatting Requirements 16

 Terms and Definitions 16

 Additional Definitions 17

 Additional Resources on Program Goals..... 17

 Special Instruction on Supporting Documentation..... 17

 Special Instruction on Community Assessment..... 17

Section I. Program Design and Approach to Service Delivery..... 18

 Sub-Section A: Goals 18

 Sub-Section B: Service Delivery..... 20

 Sub-Section C: Governance, Organizational, and Management Structures 25

Section II. Budget and Budget Justification Narrative 27

Instructions for the Complete Grant Application Package

Submit the **complete grant application package** in an electronic format using the Head Start Enterprise System (HSES) at <https://hses.ohs.acf.hhs.gov/hsprograms>. The Grant Applications section is located under the “Financials” tab. Incomplete applications will not be processed.

A **complete grant application package** requires completing the following application tabs in HSES:

- Program Schedule
- Budget
- Other Funding
- SF-424A
- SF-424
- Documents

Signed Assurances

After submitting the grant application, HSES automatically generates the following electronically signed assurances for download in the SF-424 tab:

1. SF-424B, Assurances – Non-Construction Programs;
2. Certification Regarding Lobbying;
3. Certification Regarding Compliance with Compensation Cap (Level II of Executive Schedule); and
4. Tax Certification Form.

What documents do I upload in the Documents tab in HSES?

Upload the following documents in their respective folders of the Grant Application Documents tab in HSES. Do not upload any additional documents completed on-screen such as the SF-424 and signed assurances.

Documents to Upload in HSES	Page Limit	Related Citation
Application and Budget Justification Narrative	60 Pages*	Instructions with Citations Begin on Page 5
Results of Self-assessment and Improvement Plan	N/A	45 CFR 1302.102(b)(2) and (c)(iv-v)
Governing Body and Policy Council Decisions		Head Start Act 642(c)(1)(E)(iv)(V) & 642(c)(2)(D)(iii)
Selection Criteria *NEW*		45 CFR 1302.14
Cost Allocation Plan *NEW*		45 CFR §75.415
Training and Technical Assistance Plan		Head Start Act 648(d)(1)
Annual Report to the Public *NEW*		45 CFR 1302.102(d)(2)
Program Goals, optional *NEW*		
Indirect Cost Rate Agreement, or records showing adoption of 10% <i>de minimis</i> indirect cost rate, if applicable		Uniform Fiscal Regulations 45 CFR 75.414
Other Supporting Documents, if applicable		
Sample Delegate and/or Partnership Contracts, if applicable		

*OHS understands some programs such as those with numerous delegates, complex models, significant changes, and very large grantees may exceed the page limit.

Governing Body and Policy Council Decisions

Upload governing body approval and policy council approval or disapproval of the application:

1. Signed statements of the governing body and policy council chairs;
2. Governing body and policy council minutes documenting each group’s participation in the development and approval of the application; and

3. If the policy council did not approve the application, upload the required letter from the policy council indicating its reasons for withholding approval.

Cost Allocation Plan

Upload a written cost allocation plan, certified in accordance with [45 CFR §75.415](#) that describes how shared costs, including shared staff, are allocated based on proportional benefit as required in [45 CFR §75.406](#). Indirect cost must be included unless the applicant has a negotiated indirect cost rate agreement or has adopted use of the 10% *de minimis* rate.

Training and Technical Assistance Plan

Upload the grantee's plan for professional development of staff, parents, volunteers, governing body members and policy council members. Assure the plan addresses mandatory training and priorities identified from ongoing monitoring and the annual self-assessment.

Indirect Cost Rate Agreement

If applicable, upload a copy of the current or proposed negotiated indirect cost rate agreement between the agency and/or delegate agencies and the respective cognizant Federal agency. If using the 10% *de minimis* indirect cost rate, upload a copy of the policy or other written record indicating date upon which the rate was adopted.

Who should complete the grant application?

The completion of the grant application is a team effort. The application covers a wide range of topics and activities and it represents a grantee's commitment to the implementation of the program and use of federal funds.

How do I receive assistance with application submission?

Please contact your Regional Office for assistance with the *Application and Budget Justification Narrative* instructions.

HSES training materials and a User's Guide to support submission are found in the "Instructions" section of HSES. For further technical assistance, please contact help@hsesinfo.org or 1-866-771-4737.

Instructions for the Application and Budget Justification Narrative

Introduction

Grantees are required to submit funding applications for each year of the project period. The Office of Head Start carefully considers each grantee's annual application, beginning with the baseline, to assure that agencies are meeting the intent of the Head Start mission, purpose, and regulations prior to issuing the Notice of Award. The Office of Head Start analyzes each application to understand whether the grantee's proposed program design, services, and resources are aligned to meet the needs of the children and families in their community, and to understand the program's goals and progress toward meeting those goals, as well as outcomes, throughout the grant's project period.

Baseline Application

In the **Baseline Application**, grantees describe the program design, goals, approach to service delivery, and supporting budget for the duration of their grant. This is an opportunity for the grantee to present their strategies for meeting certain requirements and to ensure the delivery of high quality services, including a program design that is responsive to the needs of the children and families in the community.

Grantees applying for a **non-competitive** new grant would follow the instructions for submitting a **Baseline Application** for the first year of the new grant. These grantees are in the final 12 months of their current grant.

Grantees that received a grant through the **competitive** process and are submitting their first grant application in HSES using these instructions would complete a **Baseline Application**. These grantees will submit their baseline a few months up to a year after the start of their competitive new grant depending on the length of their initial budget period.

Continuation Application

Following the baseline for the duration of the project period, grantees submit a **Continuation Application**. In this application, grantees describe any changes to the program design, goals, approach to service delivery, and supporting budget. Grantees provide a rationale for changes such as resulting from ongoing oversight or using data for continuous improvement as described in [1302.102\(b\)-\(c\)](#). Also, grantees describe challenges with implementing the program design and how they are working to address those challenges.

Special Instruction for Shortened Budget Periods

Grantees submitting an application for a budget period of less than 6 months must complete the budget and schedule tabs within HSES, and submit only a budget justification (Section II) for the **Application and Budget Justification Narrative** document; other tabs in HSES and supporting documents must also be

completed. On the next application grantees must submit either a full baseline during the first year of the project period or a full continuation application if it is later in the project period.

Reminder: If you have any questions about the narrative instructions, contact your Program Specialist.

General Formatting Requirements

1. Provide a Table of Contents within the narrative document
2. Each page must be double-spaced, with one-inch margins on all sides.
3. Use a font size of 12 for narrative.
4. Each page must be numbered in the lower right-hand corner.

The application must follow the sequential order of the application instructions for the narrative. Tables, headers, and illustrations may have different formatting.

Terms and Definitions

Program Goals – Broad statements that describe what a program intends to accomplish. Program goals should be strategic, long term, and responsive to the needs identified in the community assessment.

They include:

- Goals for the provision of educational, health, nutritional, and family and community engagement program services to further promote the school readiness of enrolled children;
- School readiness goals; and
- Effective health and safety practices to ensure children are safe at all times (programs may wish to identify these as a stand-alone goal or as an objective related to another type of program goal, i.e. a health goal).



School Readiness Goals – The expectations of children's status and progress across domains of language and literacy development, cognition and general knowledge, approaches to learning, physical well-being and motor development, and social and emotional development that will improve their readiness for kindergarten (as defined in [45 CFR 1305.2](#)).



Measurable Objectives – Support the attainment of goals that are **S**pecific, **M**easurable, **A**ttainable, **R**ealistic and **T**imely (SMART).

Progress – Forward movement toward the achievement of goals, objectives, and outcomes.

Outcomes – Something that happened as a result of an activity or process. The actual results achieved.

Challenges – Information describing obstacles to achieving program goals and objectives.

Evidence – Facts, information, documentation, or examples given to support an assertion.

Additional Definitions

See [Section 1305.2](#) of the HSPPS for additional definitions. For example, “service area”, “recruitment area”, and “[Head Start Early Learning Outcomes Framework: Ages Birth to Five](#)” are defined in this section.

Additional Resources on Program Goals

Training and Technical Assistance materials are available to help grantees complete their application narrative. See the “Foundations for Excellence: Five-Year Planning and Continuous Improvement, 2nd Edition” for additional assistance once released.

See [Section 1302.102](#) of the HSPPS for requirements relating to achieving program goals.

Special Instruction on Supporting Documentation

A program must summarize critical information from supporting documentation into the narrative. For example, do not provide additional documents to respond to criteria in the instructions unless requested by the regional office.

Special Instruction on Community Assessment

The program must describe only those findings from the community assessment that informed the proposed program design and approach to service delivery throughout the narrative. Do not upload the full community assessment.

Section I. Program Design and Approach to Service Delivery

Sub-Section A: Goals

Baseline Application Instructions

1. What are your **Program Goals**, **Measurable Objectives**, and **Expected Outcomes** for the project period?
 - a. List all **Program Goals**
 - b. List all **Measurable Objectives** aligned to each program goal
 - c. To demonstrate the agency’s approach to measuring progress and outcomes, select a few **Measurable Objectives** and describe the following:
 - i. Activities or action steps to meet the objective
 - ii. Data, Tools, or Methods for tracking **Progress**
 - iii. **Expected Outcomes**
 - iv. **Expected Challenges**
 - d. **Only for grantees applying for a non-competitive new grant:** Describe how your actual **Outcomes** from the prior project period informed the above.

Below is an example of how to present your program goals and measurable objectives. We understand that your organization may present the program goals differently than the example provided. The number of goals and objectives shown are only for illustrative purposes. Two versions of a Program Goals Template for the table below are available in HSES. A template can be updated throughout the project period.

Program Goals	Measurable Objective Description
Goal 1	<ul style="list-style-type: none"> • A • B
Goal 2	<ul style="list-style-type: none"> • A <li style="background-color: yellow;">• B • C
Goal 3	<ul style="list-style-type: none"> • A • B
...	...

Select a few Measurable Objectives and provide the following to demonstrate the agency’s approach to measuring progress and outcomes:

- **EXAMPLE: Goal 2 – Measurable Objective B selected**
 - (i) Description of activities or action steps to meet objective, (ii) data, tools, or methods for tracking progress, (iii) expected outcomes, and (iv) expected challenges for this objective

Continue with other selected measurable goals...

2. Explain how your program’s **School Readiness Goals** align with the [Head Start Early Learning Outcomes Framework: Ages Birth to Five](#), state and tribal early learning guidelines, as appropriate, and requirements and expectations of the local schools where children will transition.
3. Discuss how your program involved governing body, policy council, and parents in developing the **Program Goals**.

Continuation Application Instructions

1. If applicable, list any additions, deletions, or revisions to your **Program Goals, Measurable Objectives, and Expected Outcomes** that have occurred since last year’s application and briefly describe the reasons for those changes such as resulting from ongoing oversight or from using data for continuous improvement as described in [1302.102\(b\)-\(c\)](#). If no updates or changes have occurred, include a sentence to that effect.
2. For each **Program Goal**:
 - a. Demonstrate your **Progress/Outcomes** this year toward meeting your **Measurable Objectives** and **Expected Outcomes**.
 - b. Describe any **Challenges** in achieving progress towards **Expected Outcomes** and how your program is working to address those **Challenges**.

Below is an example of how to present your program goals and measurable objectives. We understand that your organization may present your goals differently than the example provided. Two versions of a Program Goals Template for the table below are available in HSES. A template can be updated throughout the project period.

Example

Program Goals	Measurable Objectives	Progress/Outcomes	Challenges
Goal 1	A	Description	Description
	B		
Goal 2	A		
	B		
	C		
Goal 3	A		
	B		
...

3. If additions, deletions, or revisions were made to your program’s **School Readiness Goals** since last year’s application, then describe how the revised goals align with the [Head Start Early Learning Outcomes Framework: Ages Birth to Five](#), state and tribal early learning guidelines, as appropriate, and requirements and expectations of the local schools where children will transition.
4. If additions, deletions, or revisions were made to your **Program Goals** since last year’s application, then include information on how parents and the governing body were involved in those changes.

Sub-Section B: Service Delivery

Baseline Application Instructions

In this sub-section, describe your program's approach to meeting the need for comprehensive child development services for eligible children and families in your service area.

Tip: The HSPPS provides additional information on the requirements for each topic and it is helpful to follow the HSPPS alongside these instructions.

1. Service and Recruitment Area (see [1302.11\(a\)](#) and [1302.13](#)):
 - a. Identify the service and recruitment area for proposed program operations.
 - b. Provide **Evidence** to demonstrate that the proposed area is the area of greatest need.
 - c. If child care partners are proposed, identify the number of children proposed to be served through partnership slots.

Reminder: If applicable, upload a sample delegate and/or partnership contract to the Documents tab.

2. Needs of Children and Families (see [1302.11\(b\)](#) and [Special Instruction on Community Assessment](#)):

Provide a summary of data from your community assessment that informs the program's selection criteria and design, such as:

 - a. the estimated number of eligible children under five years of age and pregnant women by geographic location, race, ethnicity, and spoken language, including children experiencing homelessness, in foster care, dual language learners, and with disabilities;
 - b. data regarding the education, health, nutrition, social service, child care, parent schedules, and other service needs of the proposed children, families, and pregnant women; and
 - c. the availability of other child development, child care centers, and family child care programs that serve eligible children, including home visiting, publicly-funded state and local preschools, and the approximate number of eligible children served.
3. Proposed Program Option(s) and Funded Enrollment Slots (see [1302 Subpart B](#) and [the HSPPS Compliance Table](#)):
 - a. Specify the proposed program option(s) (i.e., center-based, home-based, and family child care) and describe how your program will ensure compliance with [1302 Subpart B](#) requirements and other applicable requirements.
 - b. If requesting a locally-designed program option variation (LDO) waiver under [1302.24\(c\)](#), then provide the following:
 - i. Identify the program(s), Head Start and/or Early Head Start, for which the waiver would apply.
 - ii. Identify the requirement(s) for which the waiver would apply:
 - A. Center-based ratios and group size - **cannot be waived for children < 24 months**
 - B. Center-based duration
 - C. Selection of home based-only setting in Head Start
 - D. Home-based caseloads

- E. Home-based duration
- F. Family child care ratios and group size
- G. Family child care duration


Note: The requirements in A-G above are the only ones that may be waived for this program option.

- iii. Describe the rationale for the request.
- iv. When waiving ratios and group sizes in center settings, specify how square footage will meet applicable requirements.
- v. Specify the proposed timetable for implementation of the option.
- vi. Check to be certain the changes described are reflected in the program schedule tab.
- vii. Explain how the program will measure progress to assure the LDO effectively supports appropriate development and progress in children’s early learning outcomes.
- viii. If available, provide evidence that demonstrates the LDO variation is effective.
- c. Discuss how your program option(s) will meet the needs of children and families in the communities served.
- d. **Funded Enrollment Changes.** If proposing to change or convert the number of funded enrollment slots, explain the rationale.
 - i. Provide the funding amount for the Head Start and Early Head Start programs before and after the change.
 - ii. Specify the number of Head Start and Early Head Start slots before and after the change.
 - iii. If proposing to convert Head Start slots to Early Head Start slots, then:
 - A. Describe how the needs of eligible Head Start children will be met in the community when the conversion takes place.
 - B. Describe how the chosen model(s) meets the needs of infants, toddlers, and pregnant women.
 - C. Discuss the agency’s capacity to carry out an effective Early Head Start program.
 - D. Discuss the qualifications, competencies, and training of staff, and describe the facilities and program infrastructure to support the new or expanded Early Head Start program.
 - E. Specify the proposed timetable for implementation of the conversion.

Reminder: Complete the “Program Schedule” tab for Head Start and/or Early Head Start.

Note: If proposing **Funded Enrollment Changes**, indicate the application includes a “Change in Scope” request in HSES.

- 4. Centers and Facilities:
 - a. List any additions, deletions, or changes to your service locations, including partners, and describe the reasons for changes.
 - b. Describe any minor renovations and repairs included within this application (not subject to a separate [1303 Subpart E](#) application).

- 
- c. Describe any facilities activities that are subject to [1303 Subpart E](#), e.g., purchase, construction, major renovation, loan or mortgage, and subordination agreement.

Reminder: Review the “Centers” tab in HSES to ensure all information is up-to-date.

Note: Funds for facilities activities subject to [1303 Subpart E](#) must be requested in a separate 1303 Subpart E Application and the SF-429 Real Property Status Report Cover Page and its relevant Attachment(s). Also, real property status is reported annually using the SF-429 Real Property Status Report Cover Page and Attachment A.

5. Eligibility, Recruitment, Selection, Enrollment, and Attendance (see [1302.13](#), [1302.14](#), [1302.15](#), and [1302.16](#)):
- Describe the recruitment process to ensure services will be provided to those in greatest need of program services.
 - Describe specific efforts and expected challenges to actively locate, recruit, and enroll vulnerable children, including children with disabilities, children experiencing homelessness, and children in foster care.
 - Describe your program’s strategy to promote regular attendance including special efforts for chronically absent children and other vulnerable children.
6. Education and Child Development (see [1302 Subpart C](#)):
- If center-based or family child care program option is chosen, respond to item a, and c through d. If home-based program option is chosen, respond to items b through d. If locally designed program option is chosen, respond to items that apply. Programs that serve American Indian and Alaska Native (AIAN) children also respond to item e.
- Center-based or family child care programs:
 - Identify the curriculum(a) your program will use including, if applicable, curricular enhancements and/or significant adaptations.
 - Describe how each identified curriculum is appropriate for ages and background of children served, research-based, and has an organized developmental scope and sequence.
 - Include **Evidence** that each curriculum is aligned with the [Head Start Early Learning Outcomes Framework: Ages Birth to Five](#).
 - Describe how your program will support staff to implement curriculum with fidelity.
 - Home-based programs:
 - Identify the home-based curriculum(a) your program will use including, if applicable, curricular enhancements and/or significant adaptations
 - Describe how each curriculum is appropriate for ages and background of children served, research-based, promotes the parent’s role as the child’s teacher including, as appropriate, the family’s traditions, culture, values, and beliefs, and has an organized developmental scope and sequence, and how it is aligned with the [Head Start Early Learning Outcomes Framework: Ages Birth to Five](#).
 - Describe how your program will support staff to implement the curriculum.
 - Describe group socializations to be offered.

- c. Identify the developmental screenings and assessments your program plans to use and why, including how the program addresses screening and assessment for children who are dual language learners.
 - d. Describe opportunities offered to parents and family members to be engaged in their child's education such as participation in screenings and assessment, and providing feedback on the selected curriculum and instructional materials.
 - e. For programs serving AIAN children, and where applicable, describe efforts for Tribal language preservation, revitalization, restoration, or maintenance.
7. Health (see [1302 Subpart D](#)):
- a. Describe how your program will, in partnership with parents, meet the oral health, nutritional, and mental health and social and emotional well-being, and health status and care needs of children that are developmentally, culturally, and linguistically appropriate and support each child's growth and school readiness:
 - i. Include how your program will ensure up-to-date child health status, ongoing care, and timely follow-up care.
 - ii. For mental health and social and emotional well-being, describe how a program will provide mental health consultation services in partnership with staff and families.
8. Family and Community Engagement (see [1302 Subpart E](#)):
- a. Describe key program strategies for building trusting and respectful relationships with families and for providing program environments and services that are welcoming and culturally and linguistically responsive to families, including those specific to fathers.
 - b. Describe engagement activities to support parent-child relationships, child development, family literacy, and language development including supporting bilingualism and biliteracy.
 - c. Describe how your program has selected and is implementing a research-based parenting curriculum. Describe how your program engages parents in a research-based parenting curriculum.
 - d. Describe key program strategies for family partnership services, including:
 - i. Procedures for conducting the family assessment and family partnership process and aligning activities to the [Parent, Family, and Community Engagement Framework](#) outcomes; and
 - ii. Tracking progress toward individual family goals and needs.
 - e. Provide a few examples of community partnerships that facilitate access to services or resources in the community that are responsive to family partnership goals and children's needs. Identify any challenges to necessary partnerships and how the program plans to address those challenges.
9. Services for Children with Disabilities ([1302 Subpart F](#)):
- a. Describe how your program will ensure the full participation in program services and activities for enrolled children with disabilities, including but not limited to those who are eligible for services under IDEA and those who already have an IFSP or IEP.
 - b. Describe how your program will ensure the individualized needs of children with disabilities are met, including how the program will collaborate with and help parents in the process

and how the program will coordinate and collaborate with the local agency responsible for implementing IDEA.

10. Transition (see [1302 Subpart G](#)):

Describe strategies and practices to support successful transitions in:

- a. Transitions to and from Early Head Start;
- b. Transitions from Head Start to kindergarten; and
- c. Transitions between programs.

11. Services to Enrolled Pregnant Women (see [1302 Subpart H](#)):

- a. Describe how your program facilitates access to a source of ongoing care for enrolled pregnant women that do not have existing access to such care.
- b. Describe your program’s strategy to provide prenatal and postpartum information, education, and services such as those that address fetal development, nutrition, risks of alcohol and drugs, postpartum recovery, and infant care and safe sleep practices.
- c. Describe how your program’s family partnership services includes a focus on factors that influence prenatal and postpartum maternal and infant health, includes other relevant family members, and support the transition process.

12. Transportation (see [1303 Subpart F](#)):

- a. Describe the level of need for child transportation services.
- b. Describe how your program will either directly meet transportation needs or assist families in accessing other transportation so that children can attend the program.

Continuation Application Instructions

Provide updates to the following areas. Describe the rationale for any changes to your program design such as new data from an updated community assessment, ongoing oversight, or from using data for continuous improvement as described in [1302.102\(b\)-\(c\)](#). If there are no updates or changes, include a sentence to that effect. Where applicable, describe any challenges and how the program is working to address those challenges.

- 1. Service and Recruitment Area
- 2. Needs of Children and Families
- 3. Chosen Program Option(s) and Funded Enrollment Slots
- 4. Centers and Facilities
- 5. Eligibility, Recruitment, Selection, Enrollment, and Attendance
- 6. Education and Child Development
- 7. Health
- 8. Family and Community Engagement
- 9. Services for Children with Disabilities
- 10. Transition
- 11. Services to Enrolled Pregnant Women
- 12. Transportation

Tip: See instructions from the Baseline Application for additional detail on each category.

Reminder: Make sure all HSES tabs are updated (e.g., Program Schedules, Centers, and Delegates)

Sub-Section C: Governance, Organizational, and Management Structures

Baseline Application Instructions

In this section, describe the governance, organizational, and management structures that support quality services and maintain accountability, efficiency, and leadership within your program.

Tip: Grantees are encouraged to use the [Head Start Management Wheel](#) as a reference tool.

1. Governance (see [45 CFR Part 1301](#) and [Section 642\(c\)-\(d\) in the Act](#)):

Structure

- a. Identify the member (i) with expertise in fiscal management or accounting, (ii) with expertise in early childhood education and development, and (iii) the licensed attorney familiar with program governance issues in the governing body/tribal council.
- b. Describe how your program ensures additional members on the governing body reflect the community, including parents and representation from other key programmatic areas.
- c. Describe the makeup of the policy council or if applicable, the policy committee. Include how each program option is represented.

Processes

Governing Body

- a. Describe how the governing body receives key program information as outlined in [1301.2\(b\)\(2\)](#) to inform their ongoing responsibilities including how decisions submitted by the policy council are incorporated into the decision-making process. Describe other key processes to ensure the governing body maintains effective ongoing oversight of program operations and accountability for federal funds.
- b. If applicable, describe and explain the responsibilities delegated to any advisory committee related to program governance and improvement of the Head Start program. Include how the governing body maintains its legal and fiscal responsibility in the process.

Policy Council and Policy Committee

- c. Describe how the policy council, and if applicable, the policy committee, receives and shares key program information as outlined [1301.3\(c\)\(2\)](#) to inform their ongoing responsibilities.

Parent Committees

- d. Describe how the parent committees communicate with staff to inform program policies, activities, and services to ensure they meet the needs of children and families.
- e. Describe the process for communication with the policy council and policy committees.

Relationships

- a. Describe training and technical assistance or orientation sessions for the governing body, advisory committee members, and the policy council.
- b. How does your program ensure governing body members do not have a conflict of interest with the Head Start, Early Head Start, and delegate programs or other partners/vendors? Describe any exception criteria applicable to a governing body member.
- c. How do the governing body and policy council members ensure meaningful consultation and collaboration around their joint decisions?

2. Human Resources Management (see [1302 Subpart I](#)):
 - a. Provide an organizational chart identifying the management and staffing structure including the Executive Director, the Program Directors, managers, and other key staff. Include assigned areas of responsibility and lines of communication.
 - b. Describe systems developed to ensure criminal background checks occur prior to hire for all staff, consultants, and contractors in the program.
 - c. Describe orientations provided to new staff, consultants, and volunteers.
 - d. Describe key features of your program’s approach to staff training and professional development. Describe your program’s approach to implementing a research-based coordinated coaching strategy, including the approach to the delivery of intensive coaching for identified staff.
3. Program Management and Quality Improvement (see [1302 Subpart J](#)):
 - a. Describe key features of your program’s systems for ongoing oversight, correction, and assessment of progress towards your program’s identified goals. Include approaches that promote effective teaching and health and safety practices.
 - b. Describe key features of your program’s management process and system to ensure continuous program improvement that relate to effectively using data and ongoing supervision to support individual staff professional development.
 - c. Describe how the management system ensures budget and staffing patterns that promote continuity of care, allow sufficient time for staff participation in training and professional development, and allow for provision of the full range of services.

Continuation Application Instructions

Provide updates to the following areas. If changes were made, describe the rationale for the changes such as new data from an updated community assessment, ongoing oversight or from using data for continuous improvement as described in [1302.102\(b\)-\(c\)](#). If no updates or changes have occurred, include a sentence to that effect. Where applicable, describe any challenges in these areas and how the program is working to address those challenges.

Tip: See Requirements for Baseline Application above for additional detail on each category.

1. Governance

When providing updates to [Processes](#), include examples of the governing body and policy council using key program information (see [1301.2\(b\)\(2\)](#) and [1301.3\(c\)\(2\)](#)) to conduct its responsibilities. Also include examples of parent committees informing program policies, activities, and services.
2. Human Resources Management
3. Program Management and Quality Improvement

When providing updates, include pending corrective actions from ongoing oversight and any new procedures that prevent recurrence of previous quality and compliance issues, including previously identified noncompliances/deficiencies, safety incidents, and audit findings.

Section II. Budget and Budget Justification Narrative

Baseline and Continuation Application Instructions

A comprehensive budget aligns with the proposed program approach and identifies allowable costs, and is aggregated by object class category. Grantee and, if applicable, each delegate agency must complete separate budgets for Head Start and Early Head Start.

Reminder: Make relevant changes to application tabs in HSES where needed (e.g., Budget, SF-424).

Justify the budget by addressing the following:

1. Provide a detailed narrative to explain the costs by object class category identified within the *SF-424A Section B-6*. Explain significant personnel and fringe adjustments for this budget period for item a and b. For each item c through h, ensure the narrative aligns with the amounts requested for direct and, if applicable, indirect costs.
2. Identify and explain each delegate agency agreement, partnership contract, and any single item costing more than \$150,000 in the “Contractual” and “Other” budget categories.
3. If applicable, describe the planned use of cost-of-living adjustment (COLA) funds based on the related Program Instruction.
4. Describe key features of the organization’s financial and property management system and internal controls in place to maintain effective control and accountability for grant funds, property, and other assets. See requirements for financial management at [45 CFR §75.302](#) and internal controls at [§75.303](#).
5. Identify each source of non-federal match, including the estimated amount per source and the valuation methodology. Explain how your program determined that proposed non-federal match is allowable per [45 CFR §75.303](#) and [Section 1303.4](#).
6. If proposing a waiver of the non-federal share match requirement, provide a detailed justification that conforms with the criteria under [Section 640\(b\)\(1\)-\(5\)](#) of the Act.
7. If proposing a waiver of the 15% limitation on development and administrative costs, provide a justification that meets the requirements of [Section 1303.5](#) and contact your regional office for additional guidance.
8. If requesting an enrollment reduction request, describe the budget implications of the reduction request and any cost-savings measures considered prior to seeking the enrollment reduction.
9. If requesting a conversion (see [Section 1302.20\(c\)](#)):
 - a. Identify the amount of funds that will be re-allocated by object class category to convert Head Start to Early Head Start services. Explain the changes in each object class category.
 - b. Describe start-up costs from the annual operational funds that would be necessary to implement the proposed conversion request based on the timetable in item 3.d.iii.E of Sub-Section B of these instructions.
 - c. Discuss one-time funding necessary for the conversion and how the agency intends to secure such funding.

10. If requesting funds for the purchase, construction, or major renovation of facilities not previously approved, explain the need for and proposed use of such funds. Identify all proposed sources of funding for facilities activities and submit supporting documentation.

Note: For facility activities subject to [Part 1303 Subpart E](#), a separate submission of form SF-429, with Attachment B, and compliance with application requirements in [Part 1303 Subpart E](#) is required. No Head Start grant funds may be used towards the cost of acquisition, construction, or major renovation of a facility without the express prior written approval of the OHS and ACF.

11. If requesting funds for equipment, describe the procurement procedures to be followed for the purchase of such equipment. See equipment definition at [45 CFR §75.2](#).