OMB Control No: 0970-0427 Expiration date: X/XX/XXXX

Center Locations and Contacts

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

Public reporting burden for this collection of information is estimated to average 0.25 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.

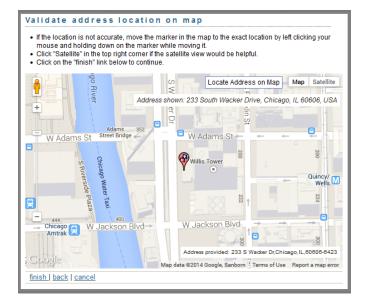
Edit Center Name and Information:

ave Cancel							
ieldsmarkedwi enter Info	ith *are mandatory. o r m a t i o n						
Center Name:*	2		Laurens Head Start				
	Address Line 1: Address Line 2:	55 Main St Laurens Cent	rol School	_	Brook St		
	City:	Laurens			A		
27	State:	NY			Laure + e		
Location:*?	ZIP + 4	13796 - 1117		št	Claure		
	County:	Otsego Coun	tv	1.00	-		
	Congressional District:	NY-019	s.	G Map Data Terms of Use			
	edit location						
center or family c Head Start childr	e partner site, defined as a d hild care provider where He en receive services under a er as a contractor or sub-reci	ad Start/Early partnership	© Yes ◉ No				
is this center own	ned by the program?		Yes				
s there federal ir	nterest in this center? 🖗		Tyes				
	nterest been filed?		Yes				

Edit Location:

Edit Address • Errors found: • The postal code does not exist and could not be determined by the city/municipality and state/province. • Minimum required input of address/city/state or address/ZIP not found. Correct the errors identified above and click on the "continue" link below. Clicking on "continue without standardizing address" will allow you to proceed without fixing the errors (not recommended).							
Address Line 1:*							
Address Line 2:							
City:*							
State:*	AK 👻						
ZIP + 4:*	· · · · · · · · · · · · · · · · · · ·						
continue continue without standardizing address cancel							

Edit Address • The system has standardized the address. • Address matched to postal database When finished, click on the "continue" link. The system will then run a checking process, and if it can identify the county and congressional district from the address, it will skip that step.						
Address Line 1:*	233 S Wacker Dr					
Address Line 2:						
City:*	Chicago					
State:*	IL 🔻					
ZIP + 4:*	60606 - 6423					
continue cancel						



Edit Programs and Their Class/Group Information:

Programs and Their Class/Group Information 🦻

Program Type:	Head Start							
Phone Number:		-						
Classes / Groups 🖗								
Class / Group Name*		Program Option*	Program Option Variation*	Slots* Schedule*				
enter class/group name		Choose One 🚽	Not Applicable					

Contacts page in Edit mode:

Home Contacts Progra	ims Delegates	Centers F	Facilities	Enrollment	DRS	Financials	PIR	Reviews	Documents		
Save Cancel											
All fields marked with *are mandatory.											
Head Start Contact Information											
	Prefix F	rst Name	L	ast Name	Suff	ix	Em	ail		Phone	
Authorizing Official/Board Chair:*											-
Title:											
CEO/Executive Director:*]-[]
Title:											
Chief Financial Officer:*]-[]
Policy Council Chair:]-[]
Head Start Director:*]-[]
	Early Head Start Contact Information Prefix First Name Last Name Suffix Email Phone										
Authorizing Official/Board	Prefix F	rst Name	L	ast Name	Suit		EIII	all		Phone	
Chair:*											-
Title:											
CEO/Executive Director:*]-[]
Title:											
Chief Financial Officer:*]-[]
Policy Council Chair:]-[]
Early Head Start Director:*]-[]

Updated on 03/06/2014 01:07 PM, EST