

# **Head Start Grant Application**

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## **PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN:**

The purpose of this information collection is for eligible entities to apply for Head Start funding. Public reporting burden for this collection of information is estimated to average 20 hours per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is required to receive funding under the Head Start Act (42 USC 9801 et seq.). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number.

## Types of Applications Available to Grantees

Type	Description of Request
Supplement - COLA and Quality Improvement*	Request for Cost of Living Adjustment (COLA) and Quality Improvement Funding
Change in Scope	Conversion
	Enrollment reduction
	Add or remove program option
	Other programmatic change
	Locally Designed Option (LDO)
	Request to Consolidate Grants
Supplement*	Request for additional financial support
Supplement - COLA*	Request for Cost of Living Adjustment (COLA)
Budget Revision*	Changes in the line item budget
	Nonfederal share waiver requests
Carryover Request - Reprogram*	Request prior approval for carryover of unobligated funds

## 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 <a href="#">delete</a>	<input type="text"/>	<input type="text"/>	no ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total:		0						
<a href="#">Add Center-based Schedule</a>								

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 <a href="#">delete</a>	<input type="text"/>	<input type="text"/>	no ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total:		0						
<a href="#">Add Family Child Care Schedule</a>								

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 <a href="#">delete</a>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total:		0			
<a href="#">Add Home-based Schedule</a>					

Child Health and Development

Family and Community Partnership

Program Design and Management

Other

Line Item	Federal			Non-Federal Share	Total Cost	Employees	Admin Allocation	
	Program Operations	TTA	Total				Actual	Default
10.Program Managers and Content Area Experts	\$ 0	\$ 0	\$0	\$ 0	\$0	0	0%	0%
11.Other Family and Community Partnerships Personnel	\$0	\$0	\$0	\$0	\$0		0%	
11.1 Other Family and Community Partnerships Personnel	\$ 0	\$ 0	\$0	\$ 0	\$0	0	0%	0%
add								
Family and Community Partnership Personnel Total:	\$0	\$0	\$0	\$0	\$0	0	0%	

Child Health and Development

Family and Community Partnership

Program Design and Management

Other

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%
add								
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%
add								
Program Design and Management Personnel Total:	\$0	\$0	\$0	\$0	\$0	0	0%	

Child Health and Development

Family and Community Partnership

Program Design and Management

Other

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	\$ 0	\$ 0	\$0	\$ 0	\$0	0	0%	0%
21.Other Personnel	\$0	\$0	\$0	\$0	\$0		0%	
21.1 Other Personnel	\$ 0	\$ 0	\$0	\$ 0	\$0	0	0%	0%
add								
Other Personnel Total:	\$0	\$0	\$0	\$0	\$0	0	0%	

Personnel	Fringe Benefits	Travel	Equipment	Supplies	Contractual	Construction	Other	Indirect Charges
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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%
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%
add							
Fringe Benefits Total:	\$0	\$0	\$0	\$0	\$0	0%	

Personnel	Fringe Benefits	Travel	Equipment	Supplies	Contractual	Construction	Other	Indirect Charges
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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
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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%
add							
Equipment Total:	\$0	\$0	\$0	\$0	\$0	0%	

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%
<input type="button" value="add"/>							
<b>Supplies Total:</b>	\$0	\$0	\$0	\$0	\$0	0%	

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%
<input type="button" value="add"/>							
<b>Contractual Total:</b>	\$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%
<b>Construction Total:</b>	\$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](#).

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.Depreciation / Use Allowance	\$ 0	\$ 0	\$0	\$ 0	\$0	5 %	5%
2.Rent	\$ 0	\$ 0	\$0	\$ 0	\$0	5 %	5%
3.Mortgage	\$ 0	\$ 0	\$0	\$ 0	\$0	5 %	5%
4.Utilities, Telephone	\$ 0	\$ 0	\$0	\$ 0	\$0	5 %	5%
5.Building and Child Liability Insurance	\$ 0	\$ 0	\$0	\$ 0	\$0	5 %	5%
6.Building Maintenance / Repair and Other Occupancy	\$ 0	\$ 0	\$0	\$ 0	\$0	5 %	5%
7.Incidental Alterations / Renovations	\$ 0	\$ 0	\$0	\$ 0	\$0	5 %	5%
8.Local Travel	\$ 0	\$ 0	\$0	\$ 0	\$0	0 %	0%
9.Nutrition Services	\$ 0	\$ 0	\$0	\$ 0	\$0	0 %	0%
10.Child Services Consultants	\$ 0	\$ 0	\$0	\$ 0	\$0	0 %	0%
11.Volunteers	\$ 0	\$ 0	\$0	\$ 0	\$0	0 %	0%
12.Substitutes (if not paid benefits)	\$ 0	\$ 0	\$0	\$ 0	\$0	0 %	0%
13.Parent Services	\$ 0	\$ 0	\$0	\$ 0	\$0	0 %	0%
14.Accounting and Legal Services	\$ 0	\$ 0	\$0	\$ 0	\$0	100 %	100%
15.Publications / Advertising / Printing	\$ 0	\$ 0	\$0	\$ 0	\$0	50 %	50%
16.Training or Staff Development	\$ 0	\$ 0	\$0	\$ 0	\$0	0 %	0%
17.Other	\$0	\$0	\$0	\$0	\$0	0%	
17.1							
Other	\$ 0	\$ 0	\$0	\$ 0	\$0	0 %	0%
add							
Other 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.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
<b>Federal Funding</b>	
1. Federal Child Care and Development Fund (CCDF):	\$ <input type="text"/>
2. Child and Adult Care Food Program (CACFP) Funds:	\$ <input type="text"/>
3. Other Federal Funding <input type="text"/> :	\$ <input type="text"/>
<b>State Funding</b>	
4. State Preschool Programs:	\$ <input type="text"/>
5. Other State Funding <input type="text"/> :	\$ <input type="text"/>
<b>Local Government Funding</b>	
6. School District Funding:	\$ <input type="text"/>
7. Other Local Government Funding <input type="text"/> :	\$ <input type="text"/>
<b>Other Funding</b>	
8. Tribal Government Funding:	\$ <input type="text"/>
9. Fundraising Activities:	\$ <input type="text"/>
10. Other <input type="text"/> :	\$ <input type="text"/>
<b>Total:</b>	\$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	\$0	\$	\$	\$	\$
14. Non-Federal	\$0	\$0	\$	\$	\$	\$
15. Total (Sum of lines 13-14)	\$0	\$0	\$0	\$0	\$0	\$0

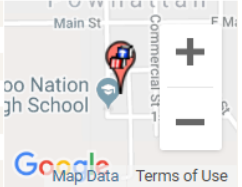
## Section F - Other Budget Information

21. Direct Charges: ?	<input type="text"/>
22. Indirect Charges: ?	<input type="text"/>
23. Remarks: ?	<div></div> <div>characters remaining.</div>



## SF-424A

### 8. APPLICANT INFORMATION

a. Legal Name* ?			
b. Employer/Taxpayer Identification Number (EIN/TIN)* ?			
c. Organizational DUNS* ?			
d. Address* ?	<div>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</div>		
		<a href="#">edit location</a>	
e. Organizational Unit: Department Name* ?	Kickapoo Tribe in Kansas		
Division Name:	Early Head Start		
f. Name and contact information of person to be contacted on matters involving this application: ?			
Name:	Prefix:	Other ▼	
	First Name*:		
	Middle Name:		
	Last Name*:		
	Suffix:	Other ▼	
Title:			
Organizational Affiliation:			
Phone Number*:	( ) -	Extension:	
Fax Number*:	( ) -	Extension:	
Email*:			

## Edit Location

### Edit Address

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*:		
Address Line 2:		
City*:		
State*:	KS ▼	
ZIP + 4*:	-	

[continue](#) | [cancel](#)

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\* ?

200 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: ?	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 B1
	Street Address 3:	
	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:	
	City*:	Vestibul
	State*:	DC ▾
	ZIP + 4*:	00000 - 0000

## Document Upload

Name	Documents	Size	Date Modified
▶ <a href="#">Application and Budget Justification Narrative</a>	2	1.1 MB	
▶ <a href="#">Cost Allocation Plan</a>	1	199 KB	
▶ <a href="#">Indirect Cost Rate Agreement (if applicable)</a>			
▶ <a href="#">Other Supporting Documents (if applicable)</a>	4	1.9 MB	
▶ <a href="#">Sample Delegate and/or Partnership Contracts (if applicable)</a>			
▶ <a href="#">Migrant &amp; Seasonal Head Start Center Service Area (R12 Only)</a>	4	1.9 MB	

By signing this application, I attest that the governing body and policy council participated in the development and approval of this application. 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)

Name: Mr. F354165 M354165 L354165  
 Title: Board Chairman  
 Authorized Representative: Phone Number: (555) 555-4165 Fax Number:  
 Email: 354165@hsesinfo.org

## Correspondence
























### Add Correspondence

Correspondence			
Subject:	<input type="text"/>		
	<input type="checkbox"/> <b>Select all Regional Office Key Staff</b>		
To:	<input type="checkbox"/> SPS	<input type="checkbox"/> Test ID RO Supervisory Program Specialist	
	<input type="checkbox"/> Other(s)		
<div> <span>↩</span> <span>↪</span> <span>Formats ▾</span> <span>12pt ▾</span> <span><b>B</b></span> <span><i>I</i></span> <span><u>U</u></span> <span><u>A</u></span> <span><b>A</b></span> <span>☰</span> <span>☷</span> <span>☰</span> <span>☷</span> <span>☰</span> <span>☷</span> <span>☰</span> <span>☷</span> <span>☰</span> <span>☷</span> <span>☰</span> <span>☷</span> <span>☰</span> <span>☷</span> <span>☰</span> <span>☷</span> </div> <div></div>			
<div> <input type="checkbox"/> Include Correspondence PDF           </div> <div> <input type="button" value="Add Attachment"/> </div>			
<div> <input type="button" value="Send"/> <input type="button" value="Cancel"/> </div>			

## Facilities Supplement/Revision/Carryover

Question	
1. The project as proposed consists of the following (select all that applies):	<input type="checkbox"/> Land Purchase <input type="checkbox"/> Facility Purchase <input type="checkbox"/> Major Renovation <input type="checkbox"/> New Construction (brick and mortar) <input type="checkbox"/> Modular Facility Construction/Purchase (please refer to <a href="#">ACF-IM-HS-20-02</a> for information on modular units) <input type="checkbox"/> Encumbrance (financing, refinancing, extension, or other type of amendment to an existing finance arrangement and/or a finance lease)
2. Will this project occur on recipient owned or leased property?  As applicable, please refer to GAAP, 45 C.F.R. §75.2, 75.436, §75.465, as well as the <a href="#">ACF-IM-HS-19-05</a> , <a href="#">ACF Rent/Lease Arrangement Guidance</a> , <a href="#">ACF Depreciation Guidance</a> , and the <a href="#">Real Property Standard ACF Templates</a> .	<input type="radio"/> Owned <input type="radio"/> Leased
3. Will the project occur on property where Federal Interest already exists?	<input type="radio"/> Yes <input type="radio"/> No
4. Please describe the number of Head Start/Early Head Start classrooms and the approximate number of slots that will benefit from services provided at the proposed real property, including any other spacing that will enhance the learning environment.	Please briefly describe <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
5. Will disposal of real property with federal interest be associated with this project?  If yes, please describe the property being disposed including estimated proceeds from the transaction associated with the disposed property? Please note, an SF-429C must be submitted through the Online Data Collection (OLDC) in <a href="#">GrantSolutions</a> to request disposition of real property with federal interest. ACF approval must be granted before any action can be taken.	<input type="radio"/> Yes <input type="radio"/> No
6. Will the project be 100% funded with Head Start grant funds?  If other funding sources are included (not including financing), briefly describe those contributions, including funding source, amount/percentage, etc. Please note, this share allocation must also be included on form SF-429B that must be submitted through the Online Data Collection (OLDC) in <a href="#">GrantSolutions</a> .	<input type="radio"/> Yes <input type="radio"/> No
7. Does the project require third party financing such as a mortgage, USDA loan, or other financing?  If yes, briefly describe the portion being financed, including estimated amount, term, and rate. Please note, a SF-429C must be submitted through the Online Data Collection (OLDC) in <a href="#">GrantSolutions</a> to request an encumbrance on real property. ACF approval must be granted before incurring costs to the award. For additional information/guidance, please refer to <a href="#">ACF Real Property Prior Approval and Notice of Federal Interest</a> , <a href="#">ACF-IM-HS-19-05</a> , and <a href="#">ACF Rent/Lease Arrangement Guidance</a> .	<input type="radio"/> Yes <input type="radio"/> No
8. Does this project include funding under any other award(s) issued by the Office of Head Start?  If yes, please indicate the award number(s) and amount(s) of funding allocated to this project.	<input type="radio"/> Yes <input type="radio"/> No

## Facilities - Document Upload

Name	Documents	Size	Date Modified	
▶  Project and Budget Narratives/Governing Body Approvals - Head Start Act Sec. 642(c)				
▶  Lack of Suitable Facilities/Construction Cost Effectiveness- 1303.42(a)(1)&(2)				
▶  Independent Real Estate Professional Statement - 1303.42(b)				
▶  Effect on Program Enrollment/Services - 1303.44(a)(1)				
▶  Deed/Legal Ownership Documentation - 1303.44(a)(2)				
▶  Facility Plans/Specifications Descriptions - 1303.44(a)(3)				
▶  Project Schedule - 1303.44(a)(6)				
▶  Engineer Certification - 1303.44(a)(4)				
▶  Non-Head Start Usage - 1303.45(c)				
▶  Appraisal (Estimate Upon Completion)- 1303.44(a)(7)				
▶  Percentage Share Statement - 1303.44(a)(9)				
▶  Cost Comparison Details - 1303.45(a)(1) & 1303.45(a)(2)(i)-(iv)				
▶  Lender Statement (Financing) - 1303.44(a)(10)				
▶  Terms/Promissory Notes/Agreements/Other Funding Sources - 1303.44(a)(11)				
▶  Phase I Environmental Site Assessment - 1303.44(a)(12)				
▶  Description of Collaboration Efforts - 1303.44(a)(13)				
▶  Leased Properties Documentation (Agreements & Consent) - 1303.44(b)				
▶  Cost Comparison (Continued Purchase vs Comparable Facilities) - 1303.45(b)				
▶  HHS Written Approval (for use of funds) - 1303.55 (b)				
▶  Contracts Justification (HHS Access) - 1303.55 (d)				
▶  Total Project Costs (Head Start and non-Head Start Funds) - 1303.44 & 1303.45				
▶  Justification/Assurance of 45 CFR Part 75 Compliance - 1303.55				
▶  Other Documentation/Additional Information				

## Additional questions upon submission to support the acknowledgement of documents uploaded to system

Under 45 CFR§1303.42 of the HSPPS, eligibility to purchase, construct, and renovate facilities must be met prior to submission of an application under 45 CFR§1303.44.

1. The **Lack of Suitable Facilities/Construction Cost Effectiveness Folder** contains a written statement establishing that the proposed purchase, construction, or major renovation is necessary due to the lack of suitable facilities and how this would affect operation of the program? 45 CFR §1303.42(a)(1)&(2)

☐ Yes ☐ No ☐ N/A

2. The **Lack of Suitable Facilities/Construction Cost Effectiveness Folder** contains justification proving construction of such facility is more cost-effective than the purchase of available facilities or renovation? 45 CFR §1303.42(a)(2)

☐ Yes ☐ No ☐ N/A

3. The **Independent Real Estate Professional Statement Folder** contains a written statement from an independent real estate professional that details the process for determining a lack of alternative facilities in the service area? 45 CFR §1303.42(b)

☐ Yes ☐ No ☐ N/A

### Governing Body (including Policy Council) Review and Approval (Head Start Act Sec. 642(c))

[Hide Details](#)

4. In compliance with the Head Start Act, applications must be reviewed and approved by the governing body and policy council. Is documentation proving governing body and policy council review and approval of the application included in the **Project and Budget Narratives/Governing Body Approvals Folder**?

☐ Yes ☐ No ☐ N/A

### Project and Budget Narratives

[Hide Details](#)

5. An application requires the submission of a project and budget narrative.

- A project narrative should provide a high-level summary of the entire project, including but not limited to factors leading to the request and how it is supported by the community needs assessment. As applicable and in accordance with §1303.44(a)(5) of the HSPPS, the project narrative must include a description of proposed renovations or repairs necessary to make the facility suitable for program activities, including plans and specifications describing the facility upon completion of renovations/repair.
- A budget narrative describes the total cost of the project, including non-federal share, and other contributions and will include a line-item breakout of all costs included in the request. Any "non-1303" costs included in the request must be exclusively related to the purchase, construction, or major renovation project as a whole.

Does the **Project and Budget Narratives/Governing Body Approvals Folder** contain a project and budget narrative?

☐ Yes ☐ No ☐ N/A



## Application to Purchase, Construct and Renovate Facilities (45 CFR§1303.44)

[Hide Details](#)

An application meeting all requirements of §1303.44 of the HSPPS must be submitted for purchase, construction, or major renovations. A response must be provided for each of the following questions. Any question not applicable to this request should include the response of Non-Applicable. Please complete as accurate as possible as incorrect submissions may result in a delayed decision.

6. The **Effect on Program Enrollment/Services Folder** contains a written statement indicating the effects the facility will have on program enrollment, activities, and services. The statement includes an explanation of why the location is appropriate and list programmatic effects (enrollment, increased services, transportation, health & safety, etc.)? 45 CFR §1303.44(a)(1)

☐ Yes ☐ No ☐ N/A

7. The **Deed/Legal Ownership Folder** contains documents proving legal ownership of the real property. Documentation includes a legal description of the facility site (deed, lease agreement, contract of sale, legal description, etc.)? 45 CFR 1303.44(a)(2)

☐ Yes ☐ No ☐ N/A

8. Does the legal documents included state the physical address including, the owner's name (recipient, lessor, seller, etc.) and legal street address, county, lot/ block number (as applicable)?

☐ Yes ☐ No ☐ N/A

9. The **Facility Plans/Specifications Descriptions Folder** contains architectural drawings/ designs for the intended facility? 45 CFR §1303.44(a)(3)

*Uploaded documentation must summarize the specifications describing the proposed facility including square footage of facility, square footage of rooms, structure type, number of rooms the facility will have or has, how the rooms will be used, where the structure will be located on site, and whether there is space available for outdoor play and parking areas 45 CFR §1303.44(a)(3).*

☐ Yes ☐ No ☐ N/A

10. The **Engineer Certification Folder** contains certification by a licensed engineer or architect declaring the facility is or will be upon completion, structurally sound and safe for use as a Head Start facility and that it complies, or will comply upon completion, with building codes, childcare licensing requirements, Americans with Disabilities Act, Rehabilitation Act, Flood Disaster Protection Act and National Historical Preservation Act? 45 CFR §1303.44(a)(4)

☐ Yes ☐ No ☐ N/A

11. The **Project Schedule Folder** contains a proposed schedule detailing all phases of the project including acquisition, construction/renovation/repair and occupancy? 45 CFR §1303.44(a)(6)

☐ Yes ☐ No ☐ N/A

12. The **Appraisal Folder** contains an estimated fair market value of the facility upon completion of the project (construction, purchase and/or major renovation) as provided by a licensed independent certified appraiser? 45 CFR §1303.44 (a)(7)

☐ Yes ☐ No ☐ N/A

13. The **Cost Comparison Details Folder** contains a detailed cost estimate, comparing costs of the proposed activity to costs of other available alternatives in the service area. The comparison demonstrates the proposed activity will result in a savings or justification is provided? 45 CFR §1303.45(a)(1)

*As applicable, requirements under §1303.45 Cost-comparison to purchase, construct, and renovate facilities of the HSPPS must be met and included in the application 45 CFR §1303.44 (a)(8).*

☐ Yes ☐ No ☐ N/A

14. The documentation included into the **Cost Comparison Details Folder** must identify ownership of the property, list all costs related to purchase, construction, or renovation, identify costs over the structure's useful life, and demonstrate how the proposed purchase, construction, or major renovation is consistent with program management and fiscal goals, community needs, enrollment and program options, and how it will support quality services to children and families. 45 CFR §1303.45(a)(2)

Is this documentation included?

☐ Yes ☐ No ☐ N/A

15. For use of funds to continue purchase on a facility or to refinance existing indebtedness, a comparison of costs for continued purchase against cost of purchasing a comparable facility in the service area over the remaining years of the facility's useful life must be included. Does the **Cost Comparison (Continued Purchase vs Comparable Facilities) Folder** contain this documentation? 45 CFR §1303.45(b)

☐ Yes ☐ No ☐ N/A

16. The **Non-Head Start Usage Folder** must include documentation disclosing the percentage of the facility that will be used for non-Head Start activities, including costs associated with those activities in accordance with applicable cost principles. 45 CFR §1303.45(c)

Is this documentation included?

☐ Yes ☐ No ☐ N/A

17. The **Percentage Share Statement Folder** contains documentation that clearly indicates the share of total costs of the project, including Head Start grant funds, and other contributors including non-federal match? 45 CFR §1303.44(a)(9)

*In accordance with §1303.44(c) of the HSPPS, any non-federal match associated with facilities activities becomes part of the federal share of the facility.*

☐ Yes ☐ No ☐ N/A

18. The **Lender Statement (Financing) Folder** contains a statement from the Lender indicating its willingness to comply with §1303.49, *Protection of federal interest in mortgage agreements* of the HSPPS?

*This must be included to use Head Start funds to continue with the purchase a facility or refinancing of an existing debt on a facility 45 CFR §1303.44(a)(10).*

☐ Yes ☐ No ☐ N/A

19. A recipient must provide the terms of any proposed or existing loan(s) related to purchase, construction, or major renovation, including copies of funding commitment letters, mortgages, notes, potential security agreements, and information on all other funding sources. Does the **Terms/Promissory Notes/Agreements/Other Funding Sources Folder** contain this supporting documentation? 45 CFR §1303.44(a)(11)

☐ Yes ☐ No ☐ N/A

20. The **Phase I Environmental Site Assessment Folder**, contains a Phase I Environmental Site Assessment describing the environmental condition of the proposed facility site and any structures on the site, where applicable? 45 CFR §1303.44(a)(12)

☐ Yes ☐ No ☐ N/A

21. The **Description of Collaboration Efforts Folder** contains documentation describing efforts to coordinate or collaborate with other providers in the community to seek assistance (including financial assistance)? 45 CFR §1303.44(a)(13)

☐ Yes ☐ No ☐ N/A

22. The **Leased Properties Documentation Folder** contains, in addition to all other checklist items, a copy of the existing or proposed lease agreement and the landlord or lessor's consent? 45 CFR §1303.44(b)(1)

☐ Yes ☐ No ☐ N/A

23. For a modular unit to be sited on leased property or on property not owned by recipient, in addition to all other checklist items, the recipient must provide a copy of the proposed lease or other occupancy agreement giving the grant recipient access to the modular unit for at least 15 years. 45 CFR §1303.44(b)(2)

Is this documentation uploaded into the **Leased Properties Documentation Folder**?

☐ Yes ☐ No ☐ N/A

## Procurement Procedures §1303.55(d)

[Hide Details](#)

Under §1303.55(d), **Procurement procedures** of the HSPPS, a grant recipient must comply with all grants management regulations, including specific regulations applicable to transactions in excess of the current simplified acquisition threshold, cost principles, and its own procurement procedures, and must provide to the maximum extent practical, an open and full competition; must obtain responsible HHS official's written approval before it uses Head Start funds to contract construction or renovation services; ensure contracts agreed to be paid on a lump sum fixed-price basis; and obtain prior written approval from the responsible HHS official for contract modifications that would materially alter the costs, by increasing the amount of grant funds needed to complete the project.

24. Does the **Contracts Justification (HHS Access) Folder** contain an assurance statement from the recipient declaring its understanding of and compliance with §1303.55(d), and copies of applicable documentation ensuring all construction and renovation contracts contain a clause that gives the responsible HHS official or designee access to the facility, at all reasonable times, during construction and inspection? 45 CFR §1303.55 (d)

☐ Yes ☐ No ☐ N/A

25. Does the **Other Documentation/Additional Information Folder** contain any other documentation/additional information requested by the responsible HHS official? Was any other documentation/additional information requested? 45 CFR §1303.44(a)(14)

☐ Yes ☐ No ☐ N/A

26. Are there any additional comments regarding this application submittal?

☐ Yes ☐ No



# Head Start **Non-Competitive** Grant Application Instructions

Version 4

June 2025



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**



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## PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN:

The purpose of this information collection is for eligible entities to apply for Head Start funding. Public reporting burden for this collection of information is estimated to average 20 hours per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is required to receive funding under the Head Start Act (42 USC 9801 et seq.). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number.

OMB Number: 0970-0207 **Expiration Date: 06/30/2025**

## Overview of Non-Competitive Grant Application

The Office of Head Start requires recipients to submit funding applications for each year of the project period. Recipients applying for a **non-competitive** new grant must follow the instructions for submitting a [Baseline Application](#) for the first year of the new grant. These recipients are in the final 12 months of their current grant. Following the baseline, recipients submit a [Continuation Application](#) for the duration of the project period.

In the [Baseline Application](#), recipients describe the program design, approach to service delivery, and supporting budget. This is an opportunity for the recipient 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. In the [Continuation Application](#), recipients describe any changes and/or updates to their budget. The Office of Head Start analyzes each application to understand whether the recipient's proposal is reasonable, allowable, and allocable.

Recipients that received a grant through the **competitive process and are submitting their first grant application in HSES** must complete a [Baseline Application](#). These recipients will submit their baseline either a few months or up to a year after the start of their competitive new grant depending on the length of their initial budget period. For example, a recipient awarded a new grant, through the competitive process, with an initial budget period of 07/01/2023—03/31/2024, must submit a baseline application to receive funding for their 04/01/2024—3/31/2025 budget period.

The Office of Head Start carefully considers each recipient's application to assure that agencies are meeting the intent of the Head Start mission, purpose, and regulations prior to issuing the Notice of Award.

### 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 recipient's commitment to the implementation of the program and use of federal funds.

### Are there general formatting requirements?

Yes, please adhere to the following:

1. Each page must be double-spaced, with one-inch margins on all sides.
2. Use a font size of 12 for narrative.
3. Each page must be numbered in the lower right-hand corner.
4. Application Narrative and Budget Justification may not exceed 30 pages.

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

### 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 "Resources" section of HSES. For further technical assistance, please contact [help@hsesinfo.org](mailto:help@hsesinfo.org) or 1-866-771-4737.

## Instructions for Completing the *Baseline* Application

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 Application section is located under the "Financials" tab. Incomplete applications will be returned for correction.

[ACF-IM-HS-19-04](#), Accounting Simplification for Head Start and Early Head Start, announced the consolidation of the Operations CANs by program. Please note that the Program Schedule and budget projections (Budget tab) must still be completed by Head Start program operation and Early Head Start program operation within the application separately.

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.

## Reminders for completing application tabs in HSES

- Make relevant changes where needed (e.g., Budget, Other Funding, SF-424, Program Schedule).
- **Change in Scope:** If proposing a Locally Designed Option, Enrollment Reduction or Conversion, indicate the application includes a "Change in Scope" request in HSES by clicking the appropriate box within the Change in Scope section on the Summary tab.
- **Budget:** A comprehensive budget aligns with the proposed program approach and identifies allowable costs and is aggregated by object class budget category. Separate projected budgets for Head Start and Early Head Start by grant and by delegate must be completed.
- **Budget:** Enter each partnership contract for direct services to children and families under the "Contractual" budget category tab, line "8. Other Contracts". For each recipient or delegate budget, enter an individual financial line item in the budget for each contract over \$250,000 and briefly explain the services to be provided. For any single line-item costing more than \$250,000 in the "Other" budget category, please enter an individual financial line item. **Applications with consolidated amounts will be returned for correction.**

## 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 documents completed on-screen such as the SF-424 and signed assurances.**



## 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 §75.405](#). Indirect cost must be included unless the applicant has a negotiated indirect cost rate agreement or has adopted use of the 15% *de minimis* rate.

## 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 15% *de minimis* indirect cost rate, upload a copy of the policy or other written record indicating date upon which the rate was adopted.

## Application Narrative

### Sub-Section A: Service Delivery

*Describe your program's approach to meeting the need for comprehensive child development services for eligible children and families in your service area by addressing the questions below.*

1. Service and Recruitment Area (see [1302.11\(a\)](#) and [1302.13](#))
  - a. Identify the service and recruitment area for proposed program operations.
  - b. List your service locations. If applicable, include proposed child care partners and identify the number of children proposed to be served through partnership slots.
2. Needs of Children and Families (see [1302.11\(b\)](#) and [Special Instruction on Community Assessment](#))
  - a. Provide a summary of data from your community assessment that informs the program's selection criteria and design, such as:
    - i. the estimated number of eligible children under five years of age and pregnant women by geographic location, spoken language, and other demographic variables as appropriate, including children experiencing homelessness, in foster care, and with disabilities;
    - ii. 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
    - iii. 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, family child care, and slots for services to pregnant women) and describe how your program will ensure compliance with [1302 Subpart B](#) requirements and other applicable requirements.
    - i. **Locally Designed Option.** If requesting a locally-designed program option variation (LDO) waiver under [1302.24\(c\)](#), explain the rationale and address the questions outlined in [Locally-designed Program Option Waiver Considerations](#).



- b. Discuss how your program option(s) will meet the needs of children and families in the communities served including how these options support populations identified in the community assessment and selection criteria.
  - c. **Enrollment Reductions and Conversions.** If proposing to reduce or convert the number of funded enrollment slots, explain the rationale and address the considerations outlined in [ACF-IM-HS-22-09 and Enrollment Reduction and Conversion Considerations Appendix](#). **Applications that do not fully address such consideration will be returned for correction and in some cases the Regional Office may require recipients to submit a separate Change in Scope Application.**
  - d. **Migrant and Seasonal Head Start.** List centers and crops in the center service area. For each center, include dates that the center is open and closed, hours of operations (e.g. 6:00 a.m. to 5:00 p.m.), and number of infants, toddlers and/or preschoolers expected to enroll. You may upload this as a supporting document in the *Migrant and Seasonal Head Start Center Service Area* folder.
4. Eligibility, Recruitment, Selection, Enrollment, and Attendance (see [1302.13](#), [1302.14](#), [1302.15](#), and [1302.16](#))
- a. Describe the recruitment process to ensure services will be provided to those in greatest need of program services, including specific efforts and expected challenges to actively locate, recruit, and enroll children experiencing homelessness, children in foster care, and children with disabilities.
  - b. Describe your program's strategy to promote regular attendance including special efforts for chronically absent children.
5. 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.
- a. Center-based or family child care programs:
    - i. Identify the curriculum(a) your program will use including, if applicable, curricular enhancements and/or significant adaptations.
  - b. Home-based programs:
    - i. Identify the home-based curriculum(a) your program will use including, if applicable, curricular enhancements and/or significant adaptations
    - ii. 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.

6. Health (see [1302 Subpart D](#))

- a. Describe how your program will, in partnership with parents, meet the oral health, nutritional, mental health, social and emotional well-being, health status and care needs of children 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.
- b. Describe your program's timeline for conducting screenings of the health and safety environments of each center and/or family childcare home where services are provided. (<https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/chs-certification-fillableform.pdf>) Health and Safety screenings must be completed within 45 days of:
  - i. the start of the school year,
  - ii. children receiving services in a new environment, and/or
  - iii. start of project period when the project period begins during the program or school year

7. 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.
- 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.

8. 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.

9. 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.

10. 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 include a focus on factors that influence prenatal and postpartum maternal and infant health, includes other relevant family members, and support the transition process.

11. 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.

**Sub-Section B: Governance, Organizational, and Management Structures**

*Describe the governance, organizational, and management structures that support quality services and maintain accountability, efficiency, and leadership within your program by addressing the questions below.*

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.

### **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. You may upload this as a supporting document.
- b. Describe your program's approach to establishing pay scales, determining compensation rates, and wage comparability within service area.
- c. Describe systems developed to ensure criminal background checks occur prior to hire for all staff, consultants, and contractors in the program.
- d. Describe orientations provided to new staff, consultants, and volunteers.
- e. 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 and promote staff retention.
- 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.
- d. **If applicable**, describe any internal controls findings/issues identified through ongoing monitoring, self-assessment, or recent audits and describe plans to address such findings/issues.

## **Budget Justification**

Separate projected budgets must be completed for both Head Start and Early Head Start program operations and Head Start and Early Head Start training and technical assistance by grant and by delegate.

Upload a detailed narrative to explain the costs by object class budget category identified within the SF-424A Section B-6. The total amount of funds detailed in the budget narrative must equal the total amount requested in the SF-424A.

#### Program Operations

1. Explain significant personnel and fringe adjustments for this budget period for lines a and b on the SF-424A. Please be sure to identify salaries that are cost allocated amongst other programs, federal and non-federal.
2. For each lines c through h on the SF-424A, ensure the narrative aligns with the amounts requested for direct and, if applicable, indirect costs. If applicable, identify cost allocated expenses, federal and non-federal.
3. If applicable, describe the planned use of cost-of-living adjustment (COLA) funds based on the related Program Instruction.
4. 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 §75.306](#), [2 CFR § 200.306](#), and [Section 1303.4](#).
5. **Enrollment Reductions and Conversions.** If requesting an enrollment reduction or conversion, explain the rationale and address the budget considerations outlined in [ACF-IM-HS-22-09](#) and [Enrollment Reduction and Conversion Considerations Appendix](#). **Applications that do not fully address such consideration will be returned for correction and in some cases the Regional Office may require recipients to submit a separate Change in Scope Application.**
6. If requesting funds for equipment as defined in [2 CFR § 200.439](#), identify each item individually and describe the procurement procedures to be followed for the purchase of such equipment. See equipment definition at [2 CFR § 200.1](#).

#### Training and Technical Assistance

7. Training and technical assistance funds are awarded separately by program. Describe the use of these funds, by object class budget category identified within the SF-424A Section B-6, to support the recipient's training and technical assistance activities.

#### Sample Delegate and/or Partnership Contracts

**If applicable**, upload sample delegate and/or partnership contracts.

#### Other Supporting Documents

**If applicable**, upload other supporting documents as needed such as organizational charts, program calendars, etc.

## Instructions for Completing the *Continuation* Application

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 Application section is located under the "Financials" tab. Incomplete applications will be returned for correction.

[ACF-IM-HS-19-04](#), Accounting Simplification for Head Start and Early Head Start, announced the consolidation of the Operations CANs by program. Please note that the Program Schedule and budget projections (Budget tab) must still be completed by Head Start program operation and Early Head Start program operation within the application separately.

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:

5. SF-424B, Assurances – Non-Construction Programs;
6. Certification Regarding Lobbying;
7. Certification Regarding Compliance with Compensation Cap (Level II of Executive Schedule); and
8. Tax Certification Form.

## Reminders for completing application tabs in HSES

- Make relevant changes where needed (e.g., Budget, Other Funding, SF-424, Program Schedule).
- **Change in Scope:** If proposing a Locally Designed Option, Enrollment Reduction or Conversion, indicate the application includes a “Change in Scope” request in HSES by clicking the appropriate box within the Change in Scope section on the Summary tab.
- **Budget:** A comprehensive budget aligns with the proposed program approach and identifies allowable costs and is aggregated by object class budget category. Separate projected budgets for Head Start and Early Head Start by grant and by delegate must be completed.
- **Budget:** Enter each partnership contract for direct services to children and families under the “Contractual” budget category tab, line “8. Other Contracts”. For each recipient or delegate budget, enter an individual financial line item in the budget for each contract over \$250,000 and briefly explain the services to be provided. For any single line-item costing more than \$250,000 in the “Other” budget category, please enter an individual financial line item. **Applications with consolidated amounts will be returned for correction.**

## 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 documents completed on-screen such as the SF-424 and signed assurances.**

### 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 §75.405](#). Indirect cost must be included unless the applicant has a negotiated indirect cost rate agreement or has adopted use of the 15% *de minimis* rate.

### 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 15% *de minimis* indirect cost rate, upload a copy of the policy or other written record indicating date upon which the rate was adopted.

## Application Narrative

1. **Locally Designed Option.** If requesting a locally-designed program option variation (LDO) waiver under [1302.24\(c\)](#), explain the rationale and address the questions outlined in [Locally-designed Program Option Waiver Considerations](#).
2. **Enrollment Reductions and Conversions.** If proposing to reduce or convert the number of funded enrollment slots, explain the rationale and address the considerations outlined in [ACF-IM-HS-22-09 and Enrollment Reduction and Conversion Considerations Appendix](#). **Applications that do not fully address such consideration will be returned for correction and in some cases the Regional Office may require recipients to submit a separate Change in Scope Application.**
3. **Migrant and Seasonal Head Start.** List centers and crops in the center service area. For each center, include dates that the center is open and closed, hours of operations (e.g. 6:00 a.m. to 5:00 p.m.), and number of infants, toddlers and/or preschoolers expected to enroll. You may upload this as a supporting document in the *Migrant and Seasonal Head Start Center Service Area* folder.

## Budget Justification

Separate projected budgets must be completed for both Head Start and Early Head Start program operations and Head Start and Early Head Start training and technical assistance by grant and by delegate.

Upload a detailed narrative to explain the costs by object class budget category identified within the SF-424A Section B-6. The total amount of funds detailed in the budget narrative must equal the total amount requested in the SF-424A.

### Program Operations

1. Explain significant personnel and fringe adjustments for this budget period for lines a and b on the SF-424A. Please be sure to identify salaries that are cost allocated amongst other programs, federal and non-federal.
2. For each lines c through h on the SF-424A, ensure the narrative aligns with the amounts requested for direct and, if applicable, indirect costs. If applicable, identify cost allocated expenses, federal and non-federal.
3. If applicable, describe the planned use of cost-of-living adjustment (COLA) funds based on the related Program Instruction.
4. 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 §75.306](#), [2 CFR § 200.306](#), and [Section 1303.4](#).
5. **Enrollment Reductions and Conversions.** If requesting an enrollment reduction or conversion, explain the rationale and address the budget considerations outlined in [ACF-IM-HS-22-09](#) and [Enrollment Reduction and Conversion Considerations Appendix](#). **Applications that do not fully**

**address such consideration will be returned for correction and in some cases the Regional Office may require recipients to submit a separate Change in Scope Application.**

6. If requesting funds for equipment as defined in [2 CFR § 200.439](#), identify each item individually and describe the procurement procedures to be followed for the purchase of such equipment. See equipment definition at [2 CFR § 200.1](#).

#### Training and Technical Assistance

7. Training and technical assistance funds are awarded separately by program. Describe the use of these funds, by object class budget category identified within the *SF-424A Section B-6*, to support the recipient's training and technical assistance activities.

#### Sample Delegate and/or Partnership Contracts

**If applicable**, upload sample delegate and/or partnership contracts.

#### Other Supporting Documents

**If applicable**, upload other supporting documents as needed.