

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED:		Applicant Identifier 06CH0929	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE:		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY:		Federal Identifier 06CH0929 - 000	
5. APPLICANT INFORMATION					
Legal Name: WEBB COUNTY COMMISSIONERS/PROJECT HEAD START			Organizational Unit:		
Organizational DUNS: 052767030			Department: HHS: Office of Head Start		
Address:			Name and telephone number of the person to be contacted on matters involving this application (give area code)		
Street: 5904 West Drive, Suites 6 & 7			Prefix: Middle Name:		
City: Laredo			First Name: Aliza		
County: N/A			Last Name: Oliveros		
State: TX Zip Code: 78044			Suffix:		
Country: N/A			Email: afoliveros@webbcountytx.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 746001587			Phone Number (give area code) (956)795-1515		Fax Number (give area code) (956)791-2149
8. TYPE OF APPLICATION <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> Other (specify)			7. TYPE OF APPLICANT (enter appropriate letter in box) <input checked="" type="checkbox"/> B Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93.600 TITLE (Name of Program): Head Start / Early Head Start			9. NAME OF FEDERAL AGENCY: HHS / ACF / OHS		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States etc.): Webb County (Cities of Laredo, El Cenizo, Rio Bravo)			11. DESCRIPTION TITLE OF APPLICANT'S PROJECT: Refunding application to provide Head Start services to 1,218 children and their low income families to include children with disabilities.		
13. PROPOSED PROJECT: Start Date: 09/01/2014 Ending Date: 08/31/2015			14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 23 b. Project: 23		
15. ESTIMATED FUNDING			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal		\$8,892,905			
b. Applicant		\$2,223,227			
c. State		\$0			
d. Local		\$0			
e. Other		\$0			
f. Program Income		\$0			
g. Total		\$11,116,132			
			a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON Date: b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
a. Authorized Representative					
Prefix:		First Name: Danny		Middle Name:	
Last Name: Valdez			Suffix:		
b. Title: Authorizing Official			c. Telephone number: (956)795-1515		
d. Signature of Authorized Representative:			e. Date Signed: 05/27/2014		