

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED:</b>		Applicant Identifier 06CH0929	
		<b>3. DATE RECEIVED BY STATE:</b>		State Application Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>4. DATE RECEIVED BY FEDERAL AGENCY:</b>		Federal Identifier 06CH0929 - 200	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: WEBB COUNTY COMMISSIONERS/PROJECT HEAD START			<b>Organizational Unit:</b>		
Organizational DUNS: 052767030			<b>Department:</b> HHS: Office of Head Start		
<b>Address:</b>			<b>Name and telephone number of the person to be contacted on matters involving this application (give area code)</b>		
Street: 102 Sierra Vista Blvd			Prefix:	Middle Name:	
City: Laredo			First Name: Aliza		
County: N/A			Last Name: Oliveros		
State: TX                      Zip Code: 78046			Suffix:		
Country: N/A			Email: afoliveros@webbcountytx.gov		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN)</b> 746001587			Phone Number (give area code) (956)795-1515		Fax Number (give area code) (956)791-2149
<b>8. TYPE OF APPLICATION</b> <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)			<b>7. TYPE OF APPLICANT (enter appropriate letter in box)</b> <input checked="" type="checkbox"/> B Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 93.600 TITLE (Name of Program): Head Start / Early Head Start			<b>9. NAME OF FEDERAL AGENCY:</b> HHS / ACF / OHS		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States etc.):</b> Webb County			<b>11. DESCRIPTION TITLE OF APPLICANT'S PROJECT:</b> Refunding application to serve 72 Early Head Start eligible children and their low income families to include children with disabilities and Teaching and Mentoring Communities as a delegate agency for 16 slots.		
<b>13. PROPOSED PROJECT:</b> Start Date: 09/01/2014                      Ending Date: 08/31/2015			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 23                      b. Project: 23		
<b>15. ESTIMATED FUNDING</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal		\$700,316		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	
b. Applicant		\$175,079			
c. State		\$0			
d. Local		\$0			
e. Other		\$0			
f. Program Income		\$0		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
g. Total		\$875,395			
<b>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</b>					
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		