

# 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 06CH5405	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE:</b>		State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY:</b>		Federal Identifier 06CH5405 - 000	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: WEST ORANGE-COVE CONSOLIDATED ISD			<b>Organizational Unit:</b>		
Organizational DUNS: 825391659			Department: 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: 801 Cordrey St 902 West Park Ave			Prefix: Middle Name:		
City: Orange			First Name: Abigail / Shannon		
County: N/A			Last Name: Rash / Larson		
State: TX Zip Code: 77630			Suffix:		
Country: N/A			Email: abra@woccisd.net; slar@woccisd.net		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN)</b> 746001837			Phone Number (give area code) (409)882-5434		Fax Number (give area code) (409)882-5449
<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"/> H Other (specify)		
			<b>9. NAME OF FEDERAL AGENCY:</b> HHS / ACF / OHS		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 93.600 TITLE (Name of Program): Head Start / Early Head Start			<b>11. DESCRIPTION TITLE OF APPLICANT'S PROJECT:</b> Head Start Program serving 239 children, three and four years of age in a full day setting		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States etc.):</b> Orange County: Cities of Orange; West Orange; Bridge City; Vidor and unincorporated of Orange County					
<b>13. PROPOSED PROJECT:</b> Start Date: 08/01/2014 Ending Date: 07/31/2015			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 08 b. Project: 08		
<b>15. ESTIMATED FUNDING</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal		\$1,525,567			
b. Applicant		\$381,392			
c. State		\$0			
d. Local		\$0			
e. Other		\$0			
f. Program Income		\$0			
g. Total		\$1,906,959			
			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>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
<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: Mr.		First Name: Pete		Middle Name:	
Last Name: Amy			Suffix:		
b. Title: Authorizing Official			c. Telephone number: (409)882-5434		
d. Signature of Authorized Representative:			e. Date Signed:		