## West Orange-Cove C.I.S.D. Orange, Texas 77630

### Official Communication

Date: April 26, 2007

To: Board of Trustees

From: O. Taylor Collins

Subject: Approval to submit COLA application for Head Start Grant

I am requesting permission from the Board of Trustees to submit the application for the Cost-of-living (COLA) Grant in the amount of \$20,726.

Federal match will be \$5,181., which is 20% of the total grant - \$25,907.50.

Dr. O. Taylor Collins

Dr. O. Taylor Collins

Superintendent

Sheila Perry

Sheila Perry

Head S tart Director

#### DEPARTMENT OF HEALTH & HUMAN SERVICES



ADMINISTRATION FOR CHILDREN AND FAMILIES

Regional Office VI 1301 Young St, Room 937 Dallas, TX 75202

Date: April 16, 2007

Our Ref: 06CH5405

To: Executive Director

West Orange-Cove Consolidated LS.D.

P.O. Box 1107

Orange, TX 77630-3420

Subject: Region VI Head Start/Early Head Start FY 2007 Funding Guidance:

mvitation to Apply for mcreased Funds

The Head Start Bureau issued Program mstruction ACYF-PI-HS-07-03, dated 03/26/07 announcing budget priorities for use of these new funds. A copy of this announcement may also be obtained from our ACF website at: <a href="http://eclkc.ohs.acf.hhs.gov/hslc.">http://eclkc.ohs.acf.hhs.gov/hslc.</a>

We expect that all staff in Head Start programs will receive a cost-of-living increase of at least 1.5 percent in their hourly rate of pay, subject to the Wage Comparability provisions of Section 653 of the Head Start Act. Any grantee proposing to award salary increases of less than 1.5 percent or proposing to award differential cost-ofliving increases to staff must explain its rationale in the budget narrative. Grantees will ensure that no staff whose salary is paid, in whole or in part, with Head Start grant funds shall be paid (salary and fringe benefits) at a rate which exceeds that of an Executive Level II employee (\$168,000 as of January, 2007).

Listed below is the category where increased funding has been authorized and the amount of increased funding allocated to your agency:

Cateeory	Proeram Account	Amount of Increase
Cost of Living (COLA)	4122	\$20,726
	4125	\$0

Please contact your Program Specialist if additional information or assistance is needed.

Sincerely,

~ ~fr;c;S.1lJ

Carlton Reid, Regional Program Manager

Attachment A - Office of Head Start Region VI Guidance for Applying for 2007 Head Start and Early Head Start "Cost of Living mcrease"

# Attachment A Administration for Children Region VI Office of Head Start Guidance for Applying for FY 2007 Head Start And Early Head Start Increased Funds

A copy of FY 2007 Funding Program Instruction ACF-PI-HS-07-03 dated 03/26/07 may be obtained by accessing ACF website <a href="http://www.eclkc.ohs.acf.hhs.gov/hslc">http://www.eclkc.ohs.acf.hhs.gov/hslc</a> and clicking "Program Instructions" for 2007.

Grantees with program year beginning dates PYB- October I, 2006 through July I, 2007 must submit a supplemental application request. Grantees with PYBs of August I and September 1, 2007 should include the COLA as part of their refunding/continuation grant. Required application contents for 2007 COLA proposals are detailed below

### **Application Forms and Requirements**

- SF-424 Application for Federal Assistance
- SF-424A Budget Information Non construction Programs
- Include the following: Current Pay Scale, Schedule of Non Federal Share, Schedule of Salaries and Fringe Benefits
- Policy Council Approvals

Forms may be obtained by accessing ACF website <a href="http://www.acf.hhs.gov/grants">http://www.acf.hhs.gov/grants</a>. The regional guidance/instructions are outlined on page two of these document .<a href="Incomplete applications will not be">Incomplete applications will not be</a> processed.

### **Due Date for Submitting Applications:**

June 15, 2007

Grantees must submit one original and two copies of the application on or before the due date to:

Ray Bishop, Grants Management Supervisor HIIS/Administration for Children and Families 1301 Young Street, Room 937 Dallas, Texas 75202

Note: An additional copy should also be sent to your State Single Point of Contact, if appropriate.

### FY 2007 - COLA APPLICATION CONTENTS

FORMIDOCUMENTATION	INSTRUCTIONS	
Standard Form 424 -	MUST BE SIGNED BY BOARD CHAIRPERSON	
Application for Federal Assistance		
Standard Form 424 - Budget Information -Non-construction	Budget Information - All staff paid with Head Start funds must be included on this schedule. Provide schedule that include the following: Position, Current Annual Salary, COLA Revise Annual Salary, Percentage of Salary Paid by Head Start and Number of Positions. Break down all individual salaries unless they are the same. Example, a teacher's salary is \$27,060- if two or more teachers make the same amount, the total will be \$54,120, etc.	
Non-federal Share- Itemized budget breakdown	Provide schedule that includes the followin categories: (1) Volunteers Type, (2) Hourly Rate and (3) Number of Hours for each volunteer. Appropriate rate should be based on local/state rate for skilled and unskilled donated labor. Facility: (1) Location, (2) Fair Market Rental rate value per square foot (assessed by a certified appraiser) and (3) Square footage to be used.	
Narrative	Explain how the funds will be allocated and the process for allocating cost, provide dates of board and policy council approvals, how the latest wage comparability study was developed (summarize findings) to support hourly salary rates Applicants proposing to award differential cost of living increases to staff must explain their rationale in the narrative.	
Current Agency Pay Scale	Grantee mus include copy of Pay Scale with application. This document must be based on the agency's latest Wage Comparability Study (copy must be made available at time of audit) and approved by the Governing Board and Policy Council. The pay scale should support current annual salary increases included in the salary schedule.	
Schedule of Salaries and Fringe (must include staff paid partially from Head Start Fund)	List staff, including salary and fringe benefits for each funding source, which are compensated through multiple funding sources, i.e., Head Start, CSBG, LllffiAP, etc. If staff is paid through an indirect Cost rate, include the positions and amounts. A sample form is included for your convenience. Refer to ACYF-PI-HS-05-01, Issuance Date 3/2/05 for background and Durvose.	
Policy Council Approval	Policy Council approval of application is required. Submit eith minutes of meeting approvin application signed and dated by Policy Council Chairperson, or a statement certifying approval, indicating date of approval, amount of request, and signed by Policy Council Chairperson (provide copy of minutes at of audit).	