

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	* If Revision, select appropriate letter(s): Increase Award * Other (Specify):
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* 3. Date Received:	4. Applicant Identifier: 06CH010172
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5a. Federal Entity Identifier: N/A	5b. Federal Award Identifier: 06CH010172
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State Use Only:

6. Date Received by State:	7. State Application Identifier:
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8. APPLICANT INFORMATION:

* a. Legal Name: WEST ORANGE-COVE CONSOLIDATED INDEPENDENT SCHOOL	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 74-6001837	* c. Organizational DUNS: 825391659

d. Address:

* Street1:	801 Cordrey St
Street2:	
* City:	Orange
County/Parish:	Orange County
* State:	TX: Texas
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	77630-3420

e. Organizational Unit:

Department Name:	Division Name:
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mrs.	* First Name: Vickie
Middle Name:	
* Last Name: Price	
Suffix:	

Title: Director / Principal

Organizational Affiliation:

* Telephone Number: (409) 882-5434	Fax Number: (409) 882-5449
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* Email: vipr@woccisd.net

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*** 9. Type of Applicant 1: Select Applicant Type:**

Independent School District

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

ACF-Head Start

11. Catalog of Federal Domestic Assistance Number:

93.600

CFDA Title:

Head Start

*** 12. Funding Opportunity Number:**

eGrants-N/A

* Title:

N/A

13. Competition Identification Number:

Not Applicable

Title:

Not Applicable

14. Areas Affected by Project (Cities, Counties, States, etc.):

Orange County: Cities of Orange, West Orange

*** 15. Descriptive Title of Applicant's Project:**

Head Start

Attach supporting documents as specified in agency instructions.

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16. Congressional Districts Of:

* a. Applicant

b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="95,804"/>
* b. Applicant	<input type="text" value="0"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="0"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="95,804"/>

*** 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? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

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)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed: