

Application for Federal Assistance SF-424*** 1. Type of Submission:**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☐ New
☒ Continuation
☐ Revision

*** If Revision, select appropriate letter(s):***** Other (Specify):***** 3. Date Received:****4. Applicant Identifier:**

06CH010172

5a. Federal Entity Identifier:

N/A

5b. Federal Award Identifier:

06CH010172

State Use Only:**6. Date Received by State:****7. State Application Identifier:****8. APPLICANT INFORMATION:***** a. Legal Name:**

WEST ORANGE-COVE CONSOLIDATED INDEPENDENT SCHOOL

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

746001837

*** 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:**

North Early Learning Center

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

Mrs.

*** First Name:**

Sherry

Middle Name:*** Last Name:**

Hardin

Suffix:**Title:**

Director

Organizational Affiliation:*** Telephone Number:**

(409) 882-5434

Fax Number:

(409) 882-5449

*** Email:**

shha@woccisd.net

Application for Federal Assistance SF-424

* 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.

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

* a. Applicant TX-036

b. Program/Project TX-036

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

17. Proposed Project:

* a. Start Date: 08/01/2016

* b. End Date: 07/31/2017

18. Estimated Funding (\$):

| | |
|---------------------|-----------|
| * a. Federal | 1,525,567 |
| * b. Applicant | 381,392 |
| * c. State | |
| * d. Local | |
| * e. Other | 0 |
| * f. Program Income | |
| * g. TOTAL | 1,906,959 |

*** 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: Mr. * First Name: Rickie

Middle Name:

* Last Name: Harris

Suffix:

* Title: Superintendent

* Telephone Number: (409) 882-5601 Fax Number:

* Email: riha@woccisd.net

* Signature of Authorized Representative: * Date Signed: