

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> April 1, 2026	Applicant Identifier N/A
<input type="checkbox"/> Construction	Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier 05CH012299
<b>5. APPLICANT INFORMATION</b>			
Legal Name: Genesee County		<b>Organizational Unit:</b> Department: Head Start	
Organizational DUNS: UIE #: XD5HMHXNBWX6		Division:	
<b>Address:</b> Street: 324 S. Saginaw St.		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
City: Flint		Prefix: Mrs.	First Name: Kelli
County: Genesee County		Middle Name	
State: MI		Last Name Webb	
Zip Code 48502		Suffix:	
Country: USA		Email: kwebb@olhsa.org	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 3 8 - 6 0 0 4 8 4 9		Phone Number (give area code) (810) 235-5613	Fax Number (give area code) (810) 341-5852
<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) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) Other (specify) B	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Head Start		<b>9. NAME OF FEDERAL AGENCY:</b> Health and Human Services/Administration for Children and Families	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Genesee County		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Head Start and Early Head Start Grant Children birth to five years old and pregnant mothers. Total: 318 Head Start preschool children and 426 Early Head Start children.	
<b>13. PROPOSED PROJECT</b> Start Date: 7/1/2026 Ending Date: 6/30/2027		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 8 b. Project 8	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 14,284,992 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 0 <sup>00</sup>	DATE:	
c. State	\$ 0 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ 3,571,248 <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ 0 <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
f. Program Income	\$ 0 <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
g. TOTAL	\$ 17,856,240 <sup>00</sup>		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION 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>			
<b>a. Authorized Representative</b>			
Prefix Mr.	First Name Dale	Middle Name	
Last Name Weighill		Suffix	
b. Title Chairperson, Genesee County Board of Commissioners		c. Telephone Number (give area code) (810) 257-3020	
d. Signature of Authorized Representative		e. Date Signed	