Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED June 1, 2024	Applicant Identifier N/A
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 05HP000485

1. TYPE OF SUBMISSION:

Application: ☐ **Construction** ☑ **Non-Construction**

Pre-application: ☐ **Construction** ☐ **Non-Construction**

5. APPLICANT INFORMATION

Legal Name: Genesee County	**Organizational Unit**: Department: Head Start
Organizational DUNS: XD5HMHXNBWX6	Division:
Address: Street: 1101 Beach St., 3rd Floor	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Mrs. First Name: Kelli
City: Flint	Middle Name
County: Genesee	Last Name Webb
State: MI Zip Code 48502	Suffix:
Country: USA	Email: kwebb@olhsa.org
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 3 8 – 6 0 0 4 8 4 9	Phone Number (give area code) 810-235-5613 Fax Number (give area code)

8. TYPE OF APPLICATION:

☐ **New** ☑ **Continuation** ☐ **Revision**

If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

Other (specify) Early Head Start Expansion

7. TYPE OF APPLICANT: (See back of form for Application Types)

Other (specify) B

9. NAME OF FEDERAL AGENCY: Health and Human Services/Administration for Children and Families

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 9 3 – 6 0 0

TITLE (Name of Program): EHS Expansion and EHS Child Care Partnership Grants

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Early Head Start expansion of 104 infants, toddlers and pregnant women in Genesee County.

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Genesee County

13. PROPOSED PROJECT

Start Date: 9/1/24 Ending Date: 8/31/25

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 5 b. Project 5

15. ESTIMATED FUNDING:

a. Federal	$ 2,396,304 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ 167,744 .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 2,564,048 .00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE:

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☑ No

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.

a. Authorized Representative

Prefix Mr.	First Name James	Middle Name
Last Name Avery		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

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

Reset Form