

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):

Increase Award, Increase Duration

* Other (Specify):

* 3. Date Received:

11/21/2018

4. Applicant Identifier:

04CH4752

5a. Federal Entity Identifier:

N/A

5b. Federal Award Identifier:

04CH4752

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

SCHOOL BOARD OF MONROE COUNTY

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

596000750

* c. Organizational DUNS:

849287149

d. Address:

* Street1:

241 Trumbo Rd

Street2:

* City:

Key West

County/Parish:

Monroe County

* State:

FL: Florida

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

33040-6684

e. Organizational Unit:

Department Name:

MCSD Head Start

Division Name:

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

Prefix:

Mrs.

* First Name:

Marla

Middle Name:

* Last Name:

Russell

Suffix:

Title:

Early Childhood Supervisor/Coordinator

Organizational Affiliation:

Head Start Director

* Telephone Number:

(305) 293-1400 x53320

Fax Number:

(305) 293-1485

* Email:

marla.russell@keysschools.com

Application for Federal Assistance SF-424

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

State Government

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.):

Monroe County, Florida

* 15. Descriptive Title of Applicant's Project:

Monroe County School District Head Start Program

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424**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="318,277"/>
* b. Applicant	<input type="text" value="79,570"/>
* 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="397,847"/>

*** 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: