

## 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:

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 Coordinator/Supervisor

Organizational Affiliation:

Head Start Director

\* Telephone Number:

(305) 293-1400 x53320

Fax Number:

\* 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:

OHS-CH-19-083

\* Title:

NCN Announcement - Region 04 - CH - 2019 - August

### 13. Competition Identification Number:

OHS-CH-19-083-062083

Title:

### 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="1,372,290"/>
* b. Applicant	<input type="text" value="343,072"/>
* 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="1,715,362"/>

**\* 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: