



CITY OF SAN ANTONIO

May 6, 2016

Mr. Alfredo Huerta
Regional Program Specialist
U.S. Department of Health and Human Services
Administration for Children and Families
Office of Head Start
1301 Young Street
Dallas, Texas 75202

Dear Mr. Huerta:

This correspondence requests permission to carry forward \$68,217.00 in unspent 2015-2016 Head Start Program Year funding. The City plans to purchase two vehicles with funds, expensed when the vehicles are received in June 2016.

During the past six months, the City developed a bid process to purchase a cargo van and minivan. The cargo van will be used to transport Head Start materials for training, technical assistance, recruitment, community events, and to transport various documents/equipment/supplies to the 26 Head Start sites. Given the amount of mileage we pay for staff using their privately owned vehicles to go to sites/districts and city offices, a small Head Start administrative minivan would save funds, and is a normal practice within the city.

The City and Partner Agencies remain committed to ensuring the provision of comprehensive, high quality Head Start services to all enrolled children and families and the continued improvement of the Head Start program. The City will submit a supplemental grant application to include Head Start Policy Council approval letter and SF 424, 424A and 424B forms as the next step based on the Regional Office's guidance.

Your consideration favorable of this request is greatly appreciated. Should you have any questions regarding this request, please contact Mikel Brightman, Head Start Administrator, at (210) 206-5569.

Sincerely,

Melody Woosley
Director

cc: Lynn Stewart, Interim Assistant Director, DHS
Mikel Brightman, Head Start Administrator, DHS

DEPARTMENT OF HUMAN SERVICES

106 S. ST. MARY'S ST., 7TH FLOOR • SAN ANTONIO, TX 78205 • TEL: 210-207-8198 • FAX: 210-207-4254

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):**

C: Increase Duration

*** Other (Specify):***** 3. Date Received:**

04/29/2016

4. Applicant Identifier:**5a. Federal Entity Identifier:****5b. Federal Award Identifier:**

06CH0107/30

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

City of San Antonio

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

74-6002070

*** c. Organizational DUNS:**

0000192023406

d. Address:*** Street1:**

106 S. St. Mary's

Street2:

7th Floor

*** City:**

San Antonio

County/Parish:*** State:**

TX: Texas

Province:*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

78205-3601

e. Organizational Unit:**Department Name:**

Department of Human Services

Division Name:

Head Start Division

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

Ms.

*** First Name:**

Mikel

Middle Name:*** Last Name:**

Brightman

Suffix:**Title:** Head Start Administrator**Organizational Affiliation:***** Telephone Number:**

(210) 206-5500

Fax Number:

(210) 206-5501

*** Email:**

Mikel.Brightman@sanantonio.gov

Application for Federal Assistance SF-424

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

C: City or Township 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.):

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Head Start program to serve 3,020 children in 26 Head Start centers located in Edgewood and San Antonio ISD's.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

* a. Applicant TX-035

* b. Program/Project TX-020

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 02/01/2016

* b. End Date: 01/31/2017

18. Estimated Funding (\$):

* a. Federal	68,217.00
* b. Applicant	17,054.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	85,271.00

*** 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

Add Attachment

Delete Attachment

View Attachment

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: Ms. * First Name: Mikel

Middle Name:

* Last Name: Brightman

Suffix:

* Title: Head Start Administrator

* Telephone Number: (210) 206-5500 Fax Number: (210) 206-5501

* Email: Mikel.Brightman@sanantonio.gov

* Signature of Authorized Representative: Mikel Brightman

* Date Signed: 04/29/2016

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 01/31/2019

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Program Operations	93.600	\$ 68,217.00	\$ 17,054.00	\$	\$	\$ 85,271.00
2.						
3.						
4.						
5. Totals		\$ 68,217.00	\$ 17,054.00	\$	\$	\$ 85,271.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) Program Operations	(2)	(3)	(4)	
a. Personnel	\$	\$	\$	\$	\$
b. Fringe Benefits					
c. Travel					
d. Equipment	68,217.00				68,217.00
e. Supplies					
f. Contractual		17,054.00			17,054.00
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a-6h)	68,217.00		17,054.00		85,271.00
j. Indirect Charges					
k. TOTALS (sum of 6i and 6j)	\$ 68,217.00	\$	\$ 17,054.00	\$	\$ 85,271.00
7. Program Income	\$	\$	\$	\$	\$

SECTION C - NON-FEDERAL RESOURCES						
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS		
8. Program Operations	\$	\$	\$	\$		
9.						
10.						
11.						
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$		

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 68,217.00	\$ 0.00	\$ 68,217.00	\$ 0.00	\$ 0.00
14. Non-Federal	\$ 17,054.00	\$ 0.00	\$ 17,054.00	\$ 0.00	\$ 0.00
15. TOTAL (sum of lines 13 and 14)	\$ 85,271.00	\$ 0.00	\$ 85,271.00	\$ 0.00	\$ 0.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. Program Operations	\$	\$	\$	\$
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$	\$	\$	\$

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	
22. Indirect Charges:	
23. Remarks:	