

APPLICATION FOR FEDERAL ASSISTANCE				Applicant Identifier: 05HP000150			
				Federal Identifier:			
TYPE OF SUBMISSION				DATE RECEIVED BY FEDERAL AGENCY:			
Application				ORGANIZATIONAL UNIT:			
Construction				CHICAGO DEPARTMENT OF FAMILY & SUPPORT SERVICES			
<input checked="" type="checkbox"/> Non-Construction							
APPLICANT INFORMATION							
Legal Name: CHICAGO DEPARTMENT OF FAMILY & SUPPORT SERVICES				TYPE OF APPLICATION: (Check one)			
Organizational DUNS:				<input checked="" type="checkbox"/> New		TITLE (Choose one)	
Address				<input checked="" type="checkbox"/> Continuation		<input checked="" type="checkbox"/> EHS - EXPANSION	
Street: 1615 W. CHICAGO AVENUE				<input type="checkbox"/> Revision		<input type="checkbox"/> HEAD START	
City: CHICAGO				CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93,600			
County: COOK				TYPE OF APPLICATION: (Check one)			
State: IL Zip Code: 60622				If Revision, check one			
Country: U.S.A.				<input type="checkbox"/> Increase Award			
EMPLOYER IDENTIFICATION NUMBER (EIN)				<input type="checkbox"/> Decrease Award			
TYPE OF APPLICANT: (Choose one)				AREAS AFFECTED BY PROJECT: CITY OF CHICAGO			
<input type="checkbox"/> Not for Profit				NAME OF FEDERAL AGENCY:			
<input checked="" type="checkbox"/> Municipal				US DEPARTMENT OF HEALTH & HUMAN SERVICES, ACF			
<input type="checkbox"/> Private University				DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
<input type="checkbox"/> Other				FY'21 EHS - EXPANSION APPLICATION (DECEMBER 1, 2020 - NOVEMBER 30, 2021)			
PROPOSED PROJECT:				<input checked="" type="checkbox"/> 0-3 YEARS OF AGE			
Start Date: 12/1/2020 Ending Date: 11/30/2021				<input type="checkbox"/> 3-5 YEARS OF AGE			
ESTIMATED FUNDING				IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? NO			
a. Federal		\$3,689,736					
b. Applicant (Non-Federal share)		\$0					
c. State							
d. Local							
e. Other				IS THE APPLICANT DELIQUENT ON ANY FEDERAL DEBT?			
f. Program Income:				<input type="checkbox"/> YES, attach an explanation			
g.Total		\$3,689,736		<input checked="" type="checkbox"/> NO			
TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.							
BOARD OF DIRECTORS - CHAIR PERSON				PARENT POLICY COMMITTEE - CHAIR PERSON			
Prefix		First Name		Prefix		First Name	
Last Name		Date		Last Name		Date	
Title				Title			
Signature				Signature			

CHICAGO DEPARTMENT OF FAMILY & SUPPORT SERVICES

EARLY HEAD START - EXPANSION

FY'21 APPLICATION

GRANT PERIOD:

START DATE: 12/1/2020

ENDING DATE: 11/30/2021

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Federal Catalog # (b)	Estimated Un-obligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
EHS - CCP	93.600			\$ 3,689,736		\$ 3,689,736
Totals				\$ 3,689,736	-	\$ 3,689,736

SECTION B - BUDGET CATEGORIES						
GRANT PROGRAM, FUNCTION OR ACTIVITY						
6. Object Class Categories	OPERATION	T/TA				TOTAL

A.	Personnel	87,687				87,687
B.	Fringe benefits	50,401				50,401
C.	Out-of-Town Travel	5,600				5,600
D.	Equipment					-
E.	Supplies	1,500				1,500
F.	Contractual	3,334,771	86,522			3,421,293
G.	Construction					-
H.	Other	54,667				54,667
I.	Total Direct Charges	3,534,626	86,522			3,621,148
J.	Indirect Charges	68,588	-			68,588
K.	Totals	3,603,214	86,522			3,689,736