



Updated April 2024

## Head Start State Supplement Application

### Helpful Tips/Reminders

This document is to support the application process for the [2024-2025 Head Start State Supplement](#) to ensure that applications are approved in an efficient manner (content and timeline). The below information highlights the areas within the application that most often are incomplete or filled in incorrectly.

#### **DOWNLOAD APPLICATION-Rename and Save before filling out.**

**When submitting your application and associated documents, please use the following file naming convention:**

**Program Name-HSSS-(name of document)-24-25 (ex. CESA11-HSSS-Application-24-25)**

#### **General Information Section (p.1)**

- Total State Entitlement Dollars (7a) & Amount of State Funding Requested (7b):
  - Both are the amount of funding that Jennie Mauer, Executive Director of the Wisconsin Head Start Association has sent you. They are the same number.
  - If you are NOT planning to accept the full award amount-**PLEASE let Jennie Mauer and Jillian Clemens know ASAP.**
- Indicate number of children served-even if the number is Zero.
- Sign the application (II. Certification Signature)

#### **Assurances Section (p.3)**

- **INITIAL** each assurance (please do **not** use an X, type your actual initials).
- Assurance #4: Indicate a percentage of non-federal match, (0-80%). If it is zero, enter zero.
- Assurance #6: Include a copy of your **current** ACF/NOA (it's OK if the dates do not align with the supplement grant period of July 1, 2024-June 30, 2025).
- Assurance #11: Include a copy of your program schedule (see linked example on the application).

#### **Entitlement Section (p.4)**

- Sub-Section 1 (Program Schedule): Check **all** that apply within this section.
- Sub-Section 2 (Child Placement)
  - Check **all** that apply.
  - If using supplement dollars for only quality improvement-check Not-Applicable -NA
- Sub-Section 3 (4K-Community Approach)
  - List districts individually
  - Note if 4K hours are separate from your HS hours by checking Yes or No



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**Budget Detail** (p.5-8) – *All budget sections will auto-calculate for you. Section totals will auto-populate into the Budget Detail on page 8.*

**Personnel summary:**

- WUFAR Code-Only required for school districts.
- Project FTE (Full-Time Equivalent)
  - This refers to the portion of the supplement funding that will be used for the position. It is not the percentage a person is employed for the full Head Start Program.
- Dates of Service-If unsure, use the grant cycle (July 1-June 30).

**Purchased Services & Non-Capital Objects Summary:**

- Provide enough detail so that anyone could understand the type of service:
  - Example: Do not list “Consultants”-\$10,000, Do list “Mental Health Consultants-\$10,000
    - If you are contracting with multiple consultants, please list each separately (ex. Mental Health, Special Education, Multi-Lingual, etc.).
  - Example: Do not list “Office Supplies”-\$3000, Do list “postage, phones, printing, etc.”-\$3000
  - Example: Do not list “Supplies”-\$5000, Do list “diapers, markers, paper, toys, etc.”-\$5000

**Capitol Objects Summary:**

- If needed, provide detail about the use of funds.
  - Example: Do not list “Facilities Update”-\$15,000, Do list “Update playground area, classroom accessibility (ramps, etc.).”

**Other Objects Summary:**

- Do not list “Indirect or Administrative Costs”, these are not allowable.

**Summary of Budget Categories**

- This page should automatically fill in when the above budget pages are completed. However, **please check** the numbers with each category & double check the total amount equals that have been sent by Jennie Mauer.

**For Questions about the Head Start State Supplement Application:**

- Please contact the HSSS email inbox: [dcfhsc@wisconsin.gov](mailto:dcfhsc@wisconsin.gov)
- Or call Jillian Clemens, Head Start Collaboration Office Director at 608-279-2777