



INSTRUCTIONS:

See the [Head Start State Supplement](#) website for application due date.

Email electronic application to:
Denise.Kalscheur@dpi.wi.gov

Collection of this information is a requirement of s.115.3615, Stats.

I. GENERAL INFORMATION

1. Applicant or Agency <i>Legal Name</i>		2. Mailing Address <i>Street, City, State, ZIP</i>	
3. Executive Director of Agency	3a. Telephone <i>Area/No.</i>	3b. Email Address	
4. Head Start Director <i>If different from agency director</i>	4a. Telephone <i>Area/No.</i>	4b. Email Address	
5. Mailing Address <i>Street, City, State, ZIP</i>			
6a. Total State Entitlement Dollars Allowed		6b. Amount of State Funding Requested	
7a. Number of 3-5 Year Old Children Served with State Funds <i>If applicable</i>		7b. State Funding per 3-5 Year Old Child	
8a. Number of Birth-to-3 Children Served with State Funds <i>If applicable</i>		8b. State Funding per Birth-to-3 Child	
9a. Number of 3-5 Year Old Children Served with Federal Funds		9b. Federal Funding per 3-5 Year Old Child	
10a. Number of Birth-to-3 Children Served with Federal Funds		10b. Federal Funding per Birth-to-3 Child	
11. Total Federal Funding as of June 1, 2020			

II. CERTIFICATION SIGNATURE

I, THE UNDERSIGNED, CERTIFY that the information contained in this application is complete and accurate to the best of my knowledge; that the necessary assurances of compliance with applicable state and federal statutes, rules, and regulations will be met; that I am authorized by the agency designated in this application to bind the agency to the certifications and assurances contained in this application; and, that the indicated agency designated in this application is authorized to administer this grant.

I FURTHER CERTIFY that the assurances listed on the next page have been satisfied and that all facts, figures, and representation in this application are correct to the best of my knowledge.

Name of Applicant Agency Authorizer <i>First and Last Name</i>	Title of Applicant Agency Authorizer
Signature of Applicant Agency Authorizer or Granting Authority ➤	Date Signed <i>Mo./Day/Yr.</i>

III. ASSURANCES

The Applicant understands and agrees that the following assurances are pre-award requirements generally imposed by state law or regulation, and do not include all state regulations that may apply to the Applicant or its project.

Each Applicant is ultimately responsible for compliance with the certifications and assurances selected on its behalf that apply to its project or award.

Instructions

Step 1—Read each assurance that follows and *Verify that all assurances have been met by initialing each assurance below:*

Step 2—Sign and date the certification statement on page 1

Step 3—Include signed certification and assurances with the application materials.

Step 4—Keep a copy for your records.

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- _____ 1. The applicant assures that these expenditures supplement but do not supplant federal or local funds expended for the same activities in the preceding fiscal year.
 - _____ 2. According to s.115.3615, Head Start State Supplement grantees must be designated Federal Head Start grantees. Therefore, Head Start State Supplement grantees are required to report to DPI any voluntary, required, current, or pending loss of their federal Head Start grantee status. This notice must be submitted to DPI no later than 10 days after the receipt of notification from the federal or regional Head Start office. In order to comply with s. 115.3615, if a Head Start grantee loses their federal grantee status, they will lose their status as a WI Head Start State Supplement grantee. In the event that federal grantee designation changes during the funded state program year, the grantee will be reimbursed for any valid state budget claim incurred during the period of their operation as a federal/state grantee. All unexpended funds (whether encumbered or not) will need to be returned.
 - _____ 3. The applicant will file financial reports and claims for reimbursement on a quarterly basis in accordance with procedures prescribed by the School Management Services Team of the DPI.
 - _____ 4. The applicant will claim _____ percent of the state supplement for federal grant in kind. (Include a number between 0-80.) No more than 80 percent of this state application can be used
 - _____ 5. The Head Start grantee will provide data on all supplement children using some data collected in the federal Program Information Report by October 15, 2020. If some or all state children are not entered into PIR, plan to submit data in a similar format for these children. Additional guidance will be shared in July.
 - _____ 6. A copy of the current ACF/HHS Notice of Financial Award approval for our federal grant application is attached. **Do not submit your entire federal application.**
 - _____ 7. In connection with performance of work under this contract, the contractor agrees not to discriminate against any employee or applicant for employment because of race, sex, religion, age, color, national origin, or handicapping condition. The aforesaid provision shall include, but not be limited to, the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. The contractor agrees to post notices where they are readily available to employees and employment applicants. The notices are to be provided by the contracting officer setting forth the provisions of the nondiscrimination clause. Furthermore, the State of Wisconsin, Department of Public Instruction operates under an Affirmative Action Plan and under a merit employment system.
 - _____ 8. The applicant will provide equal opportunities for individuals to participate in the project experiences in school and community settings regardless of age, sex, ethnic background, or disadvantaged, handicapped, or gifted status.
 - _____ 9. No advances are available through this funding.
 - _____ 10. The applicant assures that a single audit for the organization was submitted to the Audit Clearing House, if no audit was submitted, submit an electronic version of the audit and management letter. **The financial audit summary will be reviewed for substantial findings.**
 - _____ 11. The applicant has included an electronic copy of their most recently approved program schedule for all grants, including additional detail on Head Start State Supplement children
 - _____ 12. All State Supplement children receive programming that meets all Head Start Program Performance Standards.
 - _____ 13. The applicant assures that, if chosen for random review of invoices, as outlined in the State Monitoring section of the Wisconsin Head Start State Supplement grant, they will provide any requested information.
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IV. ENTITLEMENT SECTION

1. Submit your most recent approved federal program schedule spreadsheet from HSES as of for all grants and add detail on state supplement children where needed/not already reflected in program schedule. See example. *Check all that apply.*

- All State Head Start Supplement children are counted in federal program schedule.
- All State Early Head Start Supplement children are counted in federal program schedule.
- Any State Head Start Supplement children not counted in federal program schedule are added to the corresponding sheet. See example.
- Any State Early Head Start Supplement children not counted in federal program schedule are added to the corresponding sheet.

2. If your supplement grant supports classroom slots, what is the placement of state supplement students? *Check all that apply.*

- State funded students are placed in classes with federally funded students.
- State funded students are placed in classes only with state funded students.

3. Do you contract with one or more school districts/local education authorities to offer 4K?

- Yes No

4. Does your program offer 4K hours separate from your Head Start hours?

- Yes No

4. List which districts you contract with for 4K.

V. BUDGET DETAIL

Date of Request <i>Mo./Day/Yr.</i>	Applicant Agency	Project No. For revisions only
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1. Personnel Summary

All staff must hold the appropriate license.

List all employees to be paid from this project. Do not include contracted personnel employed by other agencies in this section. If a vacancy exists which will be filled, indicate "vacant".

b. Name	c. Position/Title	d. Project FTE	e. Date(s) Service to be Provided	f. Total Cost	
				Salary	Fringe
Total Salary and Fringe					
<i>All project totals must equal salary and fringe totals on budget summary page.</i>					

V. BUDGET DETAIL (cont'd)

Date of Request <i>Mo./Day/Yr.</i>	Applicant Agency	Project No. <i>For revisions only</i>
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4. Capital Objects Summary—Includes items of a permanent nature which are of significant value (e.g., computers, iPads, furniture, environment modifications for accessibility-ramps/flashing alarms).

a. Item Name <i>Include all items budgeted</i>	b. Quantity	c. Total Costs
Total		
<i>Must agree with Capital Objects total on Budget Summary</i>		

5. Other Objects Summary—Items such as individualized professional development or extended programming that are not included in previous categories. Do not list indirect or administrative costs; these are not allowable.

a. Item Name <i>Include all items budgeted</i>	b. Quantity	c. Total Costs
Total		
<i>Must agree with Other Objects total on Budget Summary</i>		

VI. SUMMARY OF BUDGET CATEGORIES
Totals must match budget detail on pages 4-6.

Applicant Agency	Project Number <i>For revisions only</i>	Date Submitted		
		Initial Request	First Revision	Second Revision

Budget Revisions: Submit a copy of this page, with appropriate revisions included. (Attach this to a brief letter of justification.) **Note:** Submit request at least **30 days** prior to expenditure of grant monies.

Object Class Categories	Initial Grant Request Entitlement	First Budget Revisions <i>If needed.*</i>	Second Budget Revisions <i>If needed*</i>
1. Personnel			
2. Purchased Services			
3. Noncapital Objects			
4. Capital Objects			
5. Other Objects			
6. Totals			

* To submit a revision REQUEST to this budget, complete the budget revision column above, describe your revision rationale below, and submit this form to **Sherry W. Kimball** (sherry.kimball@dpi.wi.gov) for approval. Note that budget revision requests are required only when revisions exceed 10 percent of any budget line.

****REVISIONS MUST BE PRE-APPROVED PRIOR TO MAKING BUDGET CHANGES OR CLAIMS. ALL REVISION REQUESTS FOR THE 2020-21 SUPPLEMENT GRANT ARE DUE BY APRIL 30, 2021 ****

Revision Rationale *Limit response to space provided.*

FOR DPI USE ONLY

Date of Review	Action Recommended
	<input type="checkbox"/> Approve <input type="checkbox"/> Modify <input type="checkbox"/> Other <i>Specify</i>

Conditions

Signature of DPI Program Consultant	Date Signed <i>Mo./Day/Yr.</i>
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