

BOARD OF COUNTY COMMISSIONERS FOR  
ADAMS COUNTY, STATE OF COLORADO

**RESOLUTION APPROVING ADAMS COUNTY HEAD START'S U.S. DEPARTMENT  
OF HEALTH AND HUMAN SERVICES RESTORATION OF SEQUESTERED FUNDS  
AND COLA INCREASE 2014 REVISED GRANT APPLICATION 424 AND 424A**

**Resolution 2014-207**

WHEREAS, the Administration for Children and Families has made funds available for Adams County Head Start to receive a funding increase that would reinstate the funding reduction of One Hundred Eighty Nine Thousand One Hundred Seventy Dollars (\$189,170) ACHS received last program year due to Sequestration funding cuts. The Cost of Living Adjustment (COLA) request is for a 1.3% increase in funding to increase staff salaries and the staff pay scales; and

WHEREAS, the total requested amount of Two Hundred Thirty Five Thousand Eight Hundred Thirty Four Dollars (\$235,834) will allow ACHS to permanently increase Head Start employee's compensation by 1.3% for the period of November 1, 2013 through October 31, 2014; and

WHEREAS, Adams County Head Start is required to provide a 20% in-kind match in the amount of Fifty Eight Thousand Nine Hundred Fifty Nine Dollars (\$58,959); and

WHEREAS, Adams County Head Start is submitting the 2014 Head Start Restoration of Sequestered Funds and COLA Revised 424 and 424A Continuation Grant Application for a total amount of Two Hundred Ninety Four Thousand Seven Hundred Ninety Three Dollars (\$294,793); and

WHEREAS, the Policy Council for Adams County Head Start is scheduled to meet on May 21, 2014 in which the Restoration of Sequestered Funds & COLA Increase 2014 revised 424 and 424A grant application is on the meeting Agenda; and

WHEREAS, it is in the interests of program expediency that the Director of the Human Services Department be designated as the "Authorized Representative and Certifying Officer" to execute the non-contractual documents necessary to comply with the requirements of the grant application, including complying with any ACF rules and regulations; and

WHEREAS, federal funds have a variety of types of information which need to be completed which include, but are not limited to, reports, amendments, funding adjustments, certifications, correspondence, applications, contracts; and

WHEREAS, the Director of the Human Services Department will be designated as Authorized Representative and Certifying Officer to execute the non-contractual documents necessary to carry out the Head Start Program Services Agreement.

NOW THEREFORE, BE IT RESOLVED by the Adams County Board of Commissioners, that the 2014 Head Start Restoration of Sequestered Funds & COLA Increase revised 424 and 424A grant application be approved.

Upon motion duly made and seconded the foregoing resolution was adopted by the following vote:

Henry \_\_\_\_\_ Aye  
Tedesco \_\_\_\_\_ Aye  
Hansen \_\_\_\_\_ Aye  
Commissioners

STATE OF COLORADO    )  
County of Adams        )

I, Karen Long, County Clerk and ex-officio Clerk of the Board of County Commissioners in and for the County and State aforesaid do hereby certify that the annexed and foregoing Order is truly copied from the Records of the Proceedings of the Board of County Commissioners for said Adams County, now in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said County, at Brighton, Colorado this 12<sup>th</sup> day of May, A.D. 2014.

County Clerk and ex-officio Clerk of the Board of County Commissioners  
Karen Long:



By:



Deputy

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED:</b> Applicant Identifier 08CH0008
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE:</b> State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY:</b> Federal Identifier 08CH0008 - 000

## 5. APPLICANT INFORMATION

Legal Name: ADAMS COUNTY BOARD OF COUNTY COMMISSIONERS	Organizational Unit: Department: HHS: Office of Head Start
Organizational DUNS: 076476373	Division: HHS: Office of Head Start
Address: Street: 7111 East 56th Avenue	Name and telephone number of the person to be contacted on matters involving this application (give area code) Prefix: Mr. Middle Name:
City: Commerce City	First Name: Chris
County: N/A	Last Name: Kline
State: CO Zip Code: 80022	Suffix:
Country: N/A	Email: ckline@adcogov.org

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN)</b> 846000732	Phone Number (give area code) (303)286-4119	Fax Number (give area code) (303)286-4130
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<b>8. TYPE OF APPLICATION</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> A <input type="checkbox"/> Other (specify)	<b>7. TYPE OF APPLICANT (enter appropriate letter in box)</b> <input checked="" type="checkbox"/> B Other (specify)
	<b>9. NAME OF FEDERAL AGENCY:</b> HHS / ACF / OHS

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 93.600 TITLE (Name of Program): Head Start / Early Head Start	<b>11. DESCRIPTION TITLE OF APPLICANT'S PROJECT:</b> The restoration of sequestered funds with COLA increase will allow us to permanently increase Head Start employee's compensation by 1.3%. Additionally, we are adding a new classroom, adding 30 Head Start slots, and hiring 3 new staff members. Through collaborative partnerships with school districts we will offer comprehensive services to children in need of special education through contracted therapeutic services, including on-site services.
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<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States etc.):</b> Adams County, CO
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<b>13. PROPOSED PROJECT:</b> Start Date: 11/01/2013 Ending Date: 10/31/2014	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 2nd and 7th b. Project: 2nd and 7th
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<b>15. ESTIMATED FUNDING</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>														
<table border="1"> <tr><td>a. Federal</td><td>\$235,834</td></tr> <tr><td>b. Applicant</td><td>\$58,959</td></tr> <tr><td>c. State</td><td>\$0</td></tr> <tr><td>d. Local</td><td>\$0</td></tr> <tr><td>e. Other</td><td>\$0</td></tr> <tr><td>f. Program Income</td><td>\$0</td></tr> <tr><td>g. Total</td><td>\$294,793</td></tr> </table>	a. Federal	\$235,834	b. Applicant	\$58,959	c. State	\$0	d. Local	\$0	e. Other	\$0	f. Program Income	\$0	g. Total	\$294,793	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON Date: b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$235,834														
b. Applicant	\$58,959														
c. State	\$0														
d. Local	\$0														
e. Other	\$0														
f. Program Income	\$0														
g. Total	\$294,793														
	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No														

18. 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 ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

<b>a. Authorized Representative</b>		
Prefix: Mr.	First Name: Charles "Chaz"	Middle Name:
Last Name: Tedesco		Suffix:
<b>b. Title: Authorizing Official</b> <i>Chairman</i>		c. Telephone number: (303)286-4119
<b>d. Signature of Authorized Representative:</b> <i>[Signature]</i>		e. Date Signed: 04/21/2014

ADAMS COUNTY ATTORNEY  
*[Signature]*

*[Signature]*

**GABI - SF424A Report**

Grant / Delegate No: 08CH0008 / 000  
 Program Type: Head Start

Agency Name: Adams County Head Start  
 Application Type: Supplemental

State: CO Fiscal Year: 2014 Budget Period: 11/01/2013 to 10/31/2014

OMB Approval No. 0348-0044

**BUDGET INFORMATION - Non Construction Programs**

**SECTION A - BUDGET SUMMARY**

Grant Program, Function, or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1 Program Operation	93.600	\$0	\$0	\$235,834	\$58,959	\$294,793
2	93.600	\$0	\$0	\$0	\$0	\$0
3		\$0	\$0	\$0	\$0	\$0
4		\$0	\$0	\$0	\$0	\$0
<b>5 Total (Sum of lines 1-4)</b>		<b>\$0</b>	<b>\$0</b>	<b>\$235,834</b>	<b>\$58,959</b>	<b>\$294,793</b>

**SECTION B - FEDERAL RESOURCES**

**GRANT PROGRAM, FUNCTION, OR ACTIVITY**

Object Budget Categories	(1) Program Operation		(2)		(3)		(4)		Total
a. Personnel	\$26,069	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$26,069
b. Fringe Benefits	\$10,137	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,137
c. Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
d. Equipment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
e. Supplies	\$42,600	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$42,600
f. Contractual	\$67,100	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$67,100
g. Construction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
h. Other	\$89,928	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$89,928
<b>i. Total Direct Charges (sum of 6a - 6h)</b>	<b>\$235,834</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$235,834</b>
j. Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>k. Totals (sum of 6a - 6j)</b>	<b>\$235,834</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$235,834</b>
<b>7. Program Income</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

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 Prescribed by OMB Circular A-102

**GABI - SF424A Report**

Grant / Delegate No: 08CH0008 / 000      Agency Name: Adams County Head Start      Budget Period: 11/01/2013 to 10/31/2014  
 Program Type: Head Start      Application Type: Supplemental      State: CO Fiscal Year: 2014      OMB Approval No. 0348-0044

**BUDGET INFORMATION - Non Construction Programs**

SECTION C - NON-FEDERAL RESOURCES						
Grant Program (a)	Applicant (b)	State (c)	Other (d)	Total (e)		
8 NFS	\$58,959	\$0	\$0	\$58,959		
9	\$0	\$0	\$0	\$0		
10	\$0	\$0	\$0	\$0		
11	\$0	\$0	\$0	\$0		
<b>12 Total (Sum of lines 8-11)</b>	<b>\$58,959</b>	<b>\$0</b>	<b>\$0</b>	<b>\$58,959</b>		

SECTION D - FORECASTED CASH NEEDS						
Budget Category	Current Year Budget	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
13 Federal	\$235,834	\$0	\$0	\$117,917	\$117,917	
14 Non-Federal	\$58,959	\$0	\$0	\$29,479	\$29,480	
<b>15 Total (Sum of lines 13-14)</b>	<b>\$294,793</b>	<b>\$0</b>	<b>\$0</b>	<b>\$147,396</b>	<b>\$147,397</b>	

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT						
FUTURE FUNDING PERIODS (Years)						
Grant Program (a)	First (b)	Second (c)	Third (d)	Fourth (e)		
16 Program Operation	\$0	\$0	\$0	\$0		
17	\$0	\$0	\$0	\$0		
18	\$0	\$0	\$0	\$0		
19	\$0	\$0	\$0	\$0		
<b>20 Total (Sum of lines 16-19)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	\$283,001
22. Indirect Charges:	\$0
23. Remarks:	

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2014 Head Start Funding Increase  
and Cost of Living Adjustment  
Revised Application  
April 30, 2014

Guidance from the Region VIII Office of Head Start led to a recalculation of the total required non-federal matching funds required for the 2014 Head Start Funding Increase and the Cost of Living Adjustment (COLA) application. According to *Non-Federal Share Narrative* on the Head Start website, "The normally required 20 percent of the total grantee budget (Federal funds plus non-Federal share) is the same as 25 percent of the Federal funds." This updated application reflects the accurate Non-Federal Share match of \$58,959 ( $\$235,834 \times .25$ ).

GABI - SF424A supplemental narrative addressing the COLA funding

The additional COLA funding is included in "other" under the program operations. Other includes \$6,000 in rent, \$3,264 in utilities, \$14,000 in Building Maintenance & Repair, \$20,000 in Incidental Alterations, & \$46,664 in Cost of Living Adjustment (COLA) for a total of \$89,928.