

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES
NOTICE OF AWARD

SAI NUMBER:

PMS DOCUMENT NUMBER:

1. AWARDING OFFICE: Office of Head Start		2. ASSISTANCE TYPE: Discretionary Grant	3. AWARD NO.: 08CH010552-03-00	3a. AMEND. NO.: 0
4. FAIN: 08CH010552				
5. TYPE OF AWARD: Service		6. TYPE OF ACTION: Non-Competing Continuation	7. AWARD AUTHORITY: 42 USC 9801 ET SEQ	
8. BUDGET PERIOD: 07/01/2020 THRU 06/30/2021	9. PROJECT PERIOD: 07/01/2018 THRU 06/30/2023	10. CFDA NO.: 93.600 - Head Start		
11. RECIPIENT ORGANIZATION: DENVER HEAD START OFFICE 201 W Colfax Ave Dept 1101 Denver, CO 80202-5332 Grantee Authorizing Official: Michael Hancock , Mayor - City and County of Denver			12. PROJECT / PROGRAM TITLE: Head Start	
13. COUNTY: Denver	14. CONGR. DIST: 01	15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR: Al Martinez Executive Director		
16. APPROVED BUDGET:		17. AWARD COMPUTATION:		
Personnel..... \$ 651,710.00		A. NON-FEDERAL SHARE..... \$ 2,403,213.00 20%		
Fringe Benefits..... \$ 234,655.00		B. FEDERAL SHARE..... \$ 9,612,847.00 80%		
Travel..... \$ 0.00		18. FEDERAL SHARE COMPUTATION:		
Equipment..... \$ 0.00		A. TOTAL FEDERAL SHARE..... \$ 9,612,847.00		
Supplies..... \$ 12,000.00		B. UNOBLIGATED BALANCE FEDERAL SHARE..... \$ 0.00		
Contractual..... \$ 8,320,954.00		C. FED. SHARE AWARDED THIS BUDGET PERIOD...\$ 0.00		
Facilities/Construction..... \$ 0.00		19. AMOUNT AWARDED THIS ACTION:		\$ 9,612,847.00
Other..... \$ 393,528.00		20. FEDERAL \$ AWARDED THIS PROJECT PERIOD:		\$ 28,718,309.00
Direct Costs..... \$ 9,612,847.00		21. AUTHORIZED TREATMENT OF PROGRAM INCOME:		
Indirect Costs..... \$ 0.00		Additional Costs		
In Kind Contributions..... \$ 0.00		22. APPLICANT EIN:		
Total Approved Budget..... \$ 9,612,847.00		846000580		
		23. PAYEE EIN:		24. OBJECT CLASS:
		1846000582A1		41.51
25. FINANCIAL INFORMATION:				
ORGN	DOCUMENT NO.	APPROPRIATION	CAN NO.	NEW AMT.
	08CH01055203	75-20-1536	0-G084122	\$9,500,365.00
	08CH01055203	75-20-1536	0-G084120	\$112,482.00
DUNS 170147354				
UNOBLIG. NONFED %				
26. REMARKS: (Continued on separate sheets)				
27. SIGNATURE - ACF GRANTS OFFICER Jeffrey S Newton 1961 Stout Street, Room 08-148 Denver, CO 80294 Phone: N/A		ISSUE DATE: 06/22/2020		28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY Ms. TaWanda Goodman 06/22/2020
29. SIGNATURE AND TITLE - PROGRAM OFFICIAL(S) Ms. Cheryl Lutz - Program Specialist - Head Start			DATE: 06/22/2020	

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES
NOTICE OF AWARD**

SAI NUMBER:

PMS DOCUMENT NUMBER:

1. AWARDING OFFICE: Office of Head Start		2. ASSISTANCE TYPE: Discretionary Grant	3. AWARD NO.: 08CH010552-03-00	3a. AMEND. NO.: 0
4. FAIN: 08CH010552				
5. TYPE OF AWARD: Service		6. TYPE OF ACTION: Non-Competing Continuation	7. AWARD AUTHORITY: 42 USC 9801 ET SEQ	
8. BUDGET PERIOD: 07/01/2020 THRU 06/30/2021	9. PROJECT PERIOD: 07/01/2018 THRU 06/30/2023	10. CFDA NO.: 93.600 - Head Start		
11. RECIPIENT ORGANIZATION: DENVER HEAD START OFFICE				

STANDARD TERMS

1. Paid by DHHS Payment Management System (PMS), see attached for payment information. This award is subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable to you based on your recipient type and the purpose of this award.

This includes requirements in Parts I and II (available at <http://www.hhs.gov/grants/grants/policies-regulations/index.html>) of the HHS GPS. Although consistent with the HHS GPS, any applicable statutory or regulatory requirements, including 45 CFR Part 75, directly apply to this award apart from any coverage in the HHS GPS. This award is subject to requirements or limitations in any applicable Appropriations Act. This award is subject to the requirements of Section 106 (g) of the trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.acf.hhs.gov/discretionary-post-award-requirements>. This award is subject to the Federal Financial Accountability and Transparency Act (FFATA or Transparency) of 2006 subaward and executive compensation reporting requirements. For the full text of the award term, go to <http://www.acf.hhs.gov/discretionary-post-award-requirements>. This award is subject to requirements as set forth in 2 CFR 25.110 Central Contractor Registration (CCR) and DATA Universal Number System (DUNS). For full text go to <http://www.acf.hhs.gov/discretionary-post-award-requirements>

Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the HHS awarding agency, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following addresses:

The Administration for Children and Families U.S. Department of Health and Human Services Office of Grants Management ATTN: Grants Management Specialist 330 C Street, SW., Switzer Building Corridor 3200 Washington, DC 20201 AND
U.S. Department of Health and Human Services Office of Inspector General ATTN: Mandatory Grant Disclosures, Intake Coordinator 330 Independence Avenue, SW, Cohen Building Room 5527 Washington, DC 20201 Fax: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or Email: MandatoryGranteeDisclosures@oig.hhs.gov
Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371 Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321).

This award is subject to the requirements as set forth in 45 CFR Part 87. This award is subject to HHS regulations codified at 45 CFR Chapter XIII, Parts 1301, 1302, 1303, 1304 and 1305. Attached are terms and conditions, reporting requirements, and payment instructions. Initial expenditure of funds by the grantee constitutes acceptance of this award.

AWARD ATTACHMENTS

City and County of Denver

08CH010552-03-00

1. Remarks

26. REMARKS (Continued from previous page)

This action awards \$9,500,365 for Head Start operations and \$112,482 for training and technical assistance for the 07/01/2020-06/30/2021 budget period.

Head Start population: 1,153 children.

Designated Head Start service area(s): City and County of Denver.

Approved program option(s) for the Head Start program: Center-based, Home-based.

This grant is subject to the requirements for contribution of the non-federal match and approval of key staff, the limitations on development and administrative costs and employee compensation, and prior written approval for the purchase of equipment and other capital expenditures and the purchase, construction and major renovation of facilities as specified in Attachment 1.

It has been determined the grantee's request for a transportation waiver has met the requirements of 45CFR 1303.70(c)(1)ii of the Head Start Program Performance Standards. This grant action approves the transportation waiver only for bus monitors in the Head Start program.

Attachment 1

Award Number: 08CH010552/03

Recipient Organization: DENVER HEAD START OFFICE

This grant is subject to Section 640(b) of the Head Start Act and 45 C.F.R. § 1303.4 requiring a non-federal match of 20 percent of the total cost of the program. This grant is also subject to the requirements in Section 644(b) of the Head Start Act and 45 C.F.R. § 1303.5 limiting development and administrative costs to a maximum of 15 percent of the total costs of the program, including the non-federal match contribution of such costs. The requirements for a non-federal match of 20 percent and the limitation of 15 percent for development and administrative costs apply to the 07/01/2020-06/30/2021 budget period unless a waiver is approved. Any request for a waiver of the non-federal match, or a portion thereof, that meets the conditions under Section 640(b)(1)-(5) of the Head Start Act and 45 C.F.R. § 1303.4 or a waiver of the limitation on development and administrative costs that meets the conditions under 45 C.F.R. § 1303.5 must be submitted in advance of the end of the budget period. Any waiver request submitted after the expiration of the project period will not be considered.

The HHS Uniform Administrative Requirements (see 45 C.F.R. § 75.308(c)(1)(ii)) provide the authority to ACF to approve key staff of Head Start grantees. For the purposes of this grant, key staff is defined as the Head Start Director or person carrying out the duties of the Head Start Director if not under that title and the Chief Executive Officer, Executive Director and/or Chief Fiscal Officer if any of those positions is funded, either directly or through indirect cost recovery, more than 50 percent with Head Start funds.

Section 653 of the Head Start Act prohibits the use of any federal funds, including Head Start grant funds, to pay any portion of the compensation of an individual employed by a Head Start agency if that individual's compensation exceeds the rate payable for Level II of the Executive Schedule.

Prior written approval must be obtained for the purchase of equipment and other capital expenditures as described in 45 C.F.R. § 75.439(a). Prior written approval must also be obtained under 45 C.F.R. § 75.439(b)(3) and 45 C.F.R. Part 1303 Subpart E – Facilities to use Head Start grant funds for the initial or ongoing purchase, construction and major renovation of facilities. No Head Start grant funds may be used toward the payment of one-time expenses, principal and interest for the acquisition, construction or major renovation of a facility without prior written approval of the Administration for Children and Families.

Contract Control Number: MOEAI-202053543
Contractor Name: Department of Health and Human Services

IN WITNESS WHEREOF, the parties have set their hands and affixed their seals at
Denver, Colorado as of:

SEAL **CITY AND COUNTY OF DENVER:**

ATTEST: By: _____

APPROVED AS TO FORM: **REGISTERED AND COUNTERSIGNED:**
Attorney for the City and County of Denver
By: _____ By: _____

By: _____

Contract Control Number:
Contractor Name:

MOEAI-202053543
Department of Health and Human Services

By: _____ Department of Health and Human Services

Name: _____
(please print)

Title: _____
(please print)

ATTEST: [if required]

By: _____

Name: _____
(please print)

Title: _____
(please print)