# DCF Grant Award Application

**Use of form:** Use of this form is mandatory. If the requested information is not provided, the department will be unable to process your application. Personal information you provide may be used for secondary purposes [Privacy Law, §.15.04(1)(m), Wisconsin Statutes].

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| --- | --- | --- | --- |
| Application Number  437002-G25-0002377 | Title  Head Start State Supplement Grant | | |
| Description of Services  Quality improvement efforts and/or expand Early/Head Start enrollment | | | |
| Eligible Applicants  Authorized WI Head Start Agencies  More info at DPI Head Start Supplemental Grant Site | | | |
| Issue Date  4/24/2024 | | Due Date  5/24/2024 | |
| DCF Contact Name  Abigail Widick | | | DCF Contact Phone  920-785-7844 |
| DCF Contact Email  abigail.widick@wisconsin.gov | | | |
| Grantees will be expected to sign a contract. Most will be signing the DCF Standard Contract. For situations where the Standard Contract is not required, the DOA Standard Terms and Conditions will apply. Some awarded applicants may be asked to establish their financial stability. Samples of all can be found on our DCF Grant Opportunities Page. <https://dcf.wisconsin.gov/doingbusinesswith/applications> | | | |

## APPLICANT INFORMATION

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| --- | --- | --- | --- |
| Legal Applicant/Organization Name | | | Telephone Number |
| Applicant Contact Name | | | UEI |
| Applicant/Organization Mailing Address (Street, City, State, Zip Code) | | | |
| Applicant Contact Email Address | | | |
| **We certify that everything in the application is true to the best of our knowledge and we will adhere to the requirements of the application and the resulting contract.** | | | |
| Authorized Company Representative Name | Company Representative Phone | | |
| Company Representative Title | | | |
| Company Representative Email | | | |
| Signature of Company Representative | | Date Signed | |