



What Color Is Your Imagination? Mini-Grant for Head Start

Grant Application - *Deadline September 10, 2019* Mail to: OBC, P.O. Box 53, Middletown, DE 19709

Applicant Information

(Parents and Staff use the Head Start Program Address)*

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address

_____ *Program name and website (URL)*

_____ *City State ZIP Code*

Phone: _____ Email _____

Indicated the grant to which you are applying:

Head Start Program Grant: _____ Head Start Staff Member Grant: _____ Head Start Parent or Guardian Grant: _____

Title of your attached statement or essay: _____

CHECK LIST (make sure you have all you need to apply)

Have you attached the Essay or Statement? YES NO

Are you a Parent or Staff Member in Head Start? YES NO

Do you have the appropriate signature? YES NO

Certification

Head Start Staff, your application must be signed by the Head Start Director or Human Resources Director, or appropriate Administrator. Parents your application must be signed by a Head Start staff member.

Full Name: _____ Title: _____

Signature: _____ Phone: _____

Email Address: _____

By signing the above, you are certifying that the applicant is either a staff member in good standing or a parent or guardian of a currently enrolled Head Start child.

If this application leads to the awarding of a grant, I understand that I must provide Owens Burton Consulting with a SSN (individual) or an EIN (program) for tax reporting purposes.

Signature: _____ Date: _____

STATEMENT OF INTENT OR ESSAY:

Provide Owens Burton Consulting with a *Statement of Intent* or an *Essay* of no more than **500 words**.

Programs detail how you plan to use the funds. Staff describe what has been the most creative thing you have done within Head Start. Parents describe the most creative thing you have done as a parent.

