

Grant Application Package

Opportunity Title:	Early Childhood Comprehensive Systems Impact (ECCS Impa
Offering Agency:	Health Resources and Services Administration
CFDA Number:	93.110
CFDA Description:	Maternal and Child Health Federal Consolidated Programs
Opportunity Number:	HRSA-16-047
Competition ID:	HRSA-16-047
Opportunity Open Date:	
Opportunity Close Date:	03/15/2016
Agency Contact:	Contact Barbara Hamilton at (301)443-8939 or email bhamilton@hrsa.gov

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

Application Filing Name: Connecticut Office of Early Childhood

Select Forms to Complete

Mandatory

[Application for Federal Assistance \(SF-424\)](#)

[Attachments](#)

[Project/Performance Site Location\(s\)](#)

[Project Narrative Attachment Form](#)

[Grants.gov Lobbying Form](#)

[Budget Narrative Attachment Form](#)

[Assurances for Non-Construction Programs \(SF-424B\)](#)

[Budget Information for Non-Construction Programs \(SF-424A\)](#)

Optional

[Disclosure of Lobbying Activities \(SF-LLL\)](#)

Instructions

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This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="Connecticut Office of Early Childhood"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="06-6000798"/>	* c. Organizational DUNS: <input type="text" value="0791025300000"/>	
d. Address:		
* Street1:	<input type="text" value="165 Capitol Avenue"/>	
Street2:	<input type="text"/>	
* City:	<input type="text" value="Hartford"/>	
County/Parish:	<input type="text" value="Hartford County"/>	
* State:	<input type="text" value="CT: Connecticut"/>	
Province:	<input type="text"/>	
* Country:	<input type="text" value="USA: UNITED STATES"/>	
* Zip / Postal Code:	<input type="text" value="06106-1659"/>	
e. Organizational Unit:		
Department Name: <input type="text" value="Office of Early Childhood"/>	Division Name: <input type="text" value="Family Support"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text" value="Ms."/>	* First Name: <input type="text" value="Linda"/>	
Middle Name: <input type="text"/>		
* Last Name: <input type="text" value="Goodman"/>		
Suffix: <input type="text"/>		
Title: <input type="text" value="Deputy Director"/>		
Organizational Affiliation: <input type="text" value="Office of Early Childhood"/>		
* Telephone Number: <input type="text" value="860-713-6781"/>	Fax Number: <input type="text" value="860-713-7054"/>	
* Email: <input type="text" value="Linda.Goodman@ct.gov"/>		

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Health Resources and Services Administration

11. Catalog of Federal Domestic Assistance Number:

93.110

CFDA Title:

Maternal and Child Health Federal Consolidated Programs

*** 12. Funding Opportunity Number:**

HRSA-16-047

* Title:

Early Childhood Comprehensive Systems Impact (ECCS Impact)

13. Competition Identification Number:

HRSA-16-047

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Connecticut Early Childhood Comprehensive Systems Impact Grant

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="426,600.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="426,600.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

ATTACHMENTS FORM

Instructions: On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

Important: Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	Attachment 1.pdf	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	Attachment 2.pdf	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	Attachment 3.pdf	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	Attachment 4.pdf	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	Attachment 5.pdf	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	Attachment 6.pdf	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	Attachment 7.pdf	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11	Attachment 11.pdf	Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12		Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment

Project/Performance Site Location(s)

Project/Performance Site Primary Location I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Project/Performance Site Location 1 I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Additional Location(s)

Project Narrative File(s)

* Mandatory Project Narrative File Filename:

To add more Project Narrative File attachments, please use the attachment buttons below.

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S ORGANIZATION <input style="width: 90%;" type="text" value="Connecticut Office of Early Childhood"/>	
* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
Prefix: <input style="width: 50px;" type="text" value="Ms."/>	* First Name: <input style="width: 150px;" type="text" value="Loree"/> Middle Name: <input style="width: 100px;" type="text"/>
* Last Name: <input style="width: 150px;" type="text" value="Armstrong"/>	Suffix: <input style="width: 50px;" type="text"/>
* Title: <input style="width: 150px;" type="text" value="Commissioner's Assistant"/>	
* SIGNATURE: <input style="width: 150px;" type="text" value="Completed on submission to Grants.gov"/>	* DATE: <input style="width: 150px;" type="text" value="Completed on submission to Grants.gov"/>

Budget Narrative File(s)

* **Mandatory Budget Narrative Filename:**

To add more Budget Narrative attachments, please use the attachment buttons below.

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

<p>SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</p> <p>Completed on submission to Grants.gov</p>	<p>TITLE</p> <p>Commissioner's Assistant</p>
<p>APPLICANT ORGANIZATION</p> <p>Connecticut Office of Early Childhood</p>	<p>DATE SUBMITTED</p> <p>Completed on submission to Grants.gov</p>

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 01/31/2019

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. CT ECCS Impact Project Year 1	93.110	\$	\$	\$ 426,600.00	\$	\$ 426,600.00
2. CT ECCS Impact Project Year 2	93.110			426,600.00		426,600.00
3. CT ECCS Impact Project Year 3	93.110			426,600.00		426,600.00
4. CT ECCS Impact Project Year 4	93.110			426,600.00		426,600.00
5. Totals		\$	\$	\$ 1,706,400.00	\$	\$ 1,706,400.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) CT ECCS Impact Project Year 1	(2) CT ECCS Impact Project Year 2	(3) CT ECCS Impact Project Year 3	(4) CT ECCS Impact Project Year 4	
a. Personnel	\$ 80,261.00	\$ 80,261.00	\$ 80,261.00	\$ 80,261.00	\$ 321,044.00
b. Fringe Benefits	64,209.00	64,209.00	64,209.00	64,209.00	256,835.00
c. Travel	7,000.00	7,000.00	7,000.00	7,000.00	28,000.00
d. Equipment	0.00	0.00	0.00	0.00	
e. Supplies	5,000.00	5,000.00	5,000.00	5,000.00	20,000.00
f. Contractual	270,130.00	270,130.00	270,130.00	270,130.00	1,080,520.00
g. Construction	0.00	0.00	0.00	0.00	
h. Other	0.00	0.00	0.00	0.00	
i. Total Direct Charges (sum of 6a-6h)	426,600.00	426,600.00	426,600.00	426,600.00	\$ 1,706,400.00
j. Indirect Charges	0.00	0.00	0.00	0.00	\$
k. TOTALS (sum of 6i and 6j)	\$ 426,600.00	\$ 426,600.00	\$ 426,600.00	\$ 426,600.00	\$ 1,706,400.00
7. Program Income	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$

Authorized for Local Reproduction

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. <input style="width:95%;" type="text"/>	\$ <input style="width:80%;" type="text"/>	\$ <input style="width:80%;" type="text"/>	\$ <input style="width:80%;" type="text"/>	\$ <input style="width:80%;" type="text"/>	
9. <input style="width:95%;" type="text"/>	<input style="width:80%;" type="text"/>	<input style="width:80%;" type="text"/>	<input style="width:80%;" type="text"/>	<input style="width:80%;" type="text"/>	
10. <input style="width:95%;" type="text"/>	<input style="width:80%;" type="text"/>	<input style="width:80%;" type="text"/>	<input style="width:80%;" type="text"/>	<input style="width:80%;" type="text"/>	
11. <input style="width:95%;" type="text"/>	<input style="width:80%;" type="text"/>	<input style="width:80%;" type="text"/>	<input style="width:80%;" type="text"/>	<input style="width:80%;" type="text"/>	
12. TOTAL (sum of lines 8-11)	\$ <input style="width:80%;" type="text"/>	\$ <input style="width:80%;" type="text"/>	\$ <input style="width:80%;" type="text"/>	\$ <input style="width:80%;" type="text"/>	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ <input style="width:80%;" type="text"/>	\$ <input style="width:80%;" type="text"/>	\$ <input style="width:80%;" type="text"/>	\$ <input style="width:80%;" type="text"/>	\$ <input style="width:80%;" type="text"/>
14. Non-Federal	\$ <input style="width:80%;" type="text"/>	<input style="width:80%;" type="text"/>	<input style="width:80%;" type="text"/>	<input style="width:80%;" type="text"/>	<input style="width:80%;" type="text"/>
15. TOTAL (sum of lines 13 and 14)	\$ <input style="width:80%;" type="text"/>	\$ <input style="width:80%;" type="text"/>	\$ <input style="width:80%;" type="text"/>	\$ <input style="width:80%;" type="text"/>	\$ <input style="width:80%;" type="text"/>
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16. CT ECCS Impact Project Year 1	\$ <input style="width:80%; text-align:right; value:106,650.00;" type="text"/>	\$ <input style="width:80%; text-align:right; value:106,650.00;" type="text"/>	\$ <input style="width:80%; text-align:right; value:106,650.00;" type="text"/>	\$ <input style="width:80%; text-align:right; value:106,650.00;" type="text"/>	
17. CT ECCS Impact Project Year 2	<input style="width:80%; text-align:right; value:106,650.00;" type="text"/>	<input style="width:80%; text-align:right; value:106,650.00;" type="text"/>	<input style="width:80%; text-align:right; value:106,650.00;" type="text"/>	<input style="width:80%; text-align:right; value:106,650.00;" type="text"/>	
18. CT ECCS Impact Project Year 3	<input style="width:80%; text-align:right; value:106,650.00;" type="text"/>	<input style="width:80%; text-align:right; value:106,650.00;" type="text"/>	<input style="width:80%; text-align:right; value:106,650.00;" type="text"/>	<input style="width:80%; text-align:right; value:106,650.00;" type="text"/>	
19. CT ECCS Impact Project Year 4	<input style="width:80%; text-align:right; value:106,650.00;" type="text"/>	<input style="width:80%; text-align:right; value:106,650.00;" type="text"/>	<input style="width:80%; text-align:right; value:106,650.00;" type="text"/>	<input style="width:80%; text-align:right; value:106,650.00;" type="text"/>	
20. TOTAL (sum of lines 16 - 19)	\$ <input style="width:80%; text-align:right; value:426,600.00;" type="text"/>	\$ <input style="width:80%; text-align:right; value:426,600.00;" type="text"/>	\$ <input style="width:80%; text-align:right; value:426,600.00;" type="text"/>	\$ <input style="width:80%; text-align:right; value:426,600.00;" type="text"/>	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:	<input style="width:95%;" type="text" value="No 'other' category of expenditures necessary"/>		22. Indirect Charges:	<input style="width:95%;" type="text" value="No approved Indirect Cost Rate yet."/>	
23. Remarks:	<input style="width:95%;" type="text" value="The Ct Office of Early Childhood does not yet an an approved Indirect Cost Rate with HHS, although one has been submitted. If approval is received during the period of this grant, a budget adjustment will be requested within the \$426,600."/>				