



**NEW HAVEN PUBLIC SCHOOLS**

**Memorandum**

**To:** New Haven Board of Education Finance and Operations Committee  
**From:** Mary Derwin, Supervisor New Haven Public Schools Head Start  
**Subject:** Head Start Non-Federal Share Waiver  
**Date:** November 10, 2021

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The New Haven Public Schools Head Start Program is requesting Board of Education permission to apply to the Department of Children and Families, Office of Head Start for a Non-Federal Share Waiver for the Head Start Grant #01CH0190503 in the amount of \$34,364.49 due to Covid related reduced operational and facilities expenses during remote operations, retroactive for Fiscal Year 2021.



**NEW HAVEN PUBLIC SCHOOLS**

Approval of Submission of Head Start Grantee  
City of New Haven in New Haven County, Connecticut

We, the members of the Board of Education for the New Haven Public Schools Head Start Program grant #: 01CH01090503 have reviewed and approved the Non-Federal Share Waiver application for the grant period of July 1, 2020 – June 30, 2021 in the amount of \$34,364.49.

\_\_\_\_\_  
New Haven Public Schools, Board President

\_\_\_\_\_  
Date

**FEDERAL FINANCIAL REPORT**

(Follow form instructions)

1 Federal Agency and Organizational Element to Which Report is Submitted  <b>HHS-ADMINISTRATION FOR CHILDREN &amp; FAMILIES</b>				2 Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)  <b>01CH01090503</b>			
3 Recipient Organization (Name and complete address including Zip code)  <b>NEW HAVEN CITY BOARD OF EDUCATION</b> <b>GATEWAY CTR, 54 MEADOW ST, NEW HAVEN, CT 06519</b>							
4a DUNS Number  <b>075396754</b>	4b EIN  <b>1066001876A3</b>	5 Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)  <b>9F18P</b>		6 Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual		
8 Project/Grant Period (Month, Day, Year) From: <b>July 1, 2020</b> To: <b>June 30, 2021</b>				9 Reporting Period End Date (Month, Day, Year) <b>June 30, 2021</b>			
<b>10. Transactions</b>					<b>Cumulative</b>		
<i>(Use lines a-c for single or combined multiple grant reporting)</i>							
<b>Federal Cash (To report multiple grants separately, also use FFR Attachment):</b>							
a. Cash Receipts					\$4,778,501.60		
b. Cash Disbursements					\$4,778,501.60		
c. Cash on Hand (line a minus b)					\$0.00		
<i>(Use lines d-o for single grant reporting)</i>							
<b>Federal Expenditures and Unobligated Balance:</b>							
d. Total Federal funds authorized					\$5,998,275.00		
e. Federal share of expenditures					\$4,778,501.60		
f. Federal share of unliquidated obligations					\$0.00		
g. Total Federal share (sum of lines e and f)					\$4,778,501.60		
h. Unobligated balance of Federal funds (line d minus g)					- \$1,219,773.40		
<b>Recipient Share:</b>							
i. Total recipient share required					\$1,499,568.76		
j. Recipient share of expenditures					\$1,465,204.27		
k. Remaining recipient share to be provided (line i minus j)					\$34,364.49		
<b>Program Income:</b>							
l. Total Federal share of program income earned					\$0.00		
m. Program income expended in accordance with the deduction alternative					\$0.00		
n. Program income expended in accordance with the addition alternative					\$0.00		
o. Unexpended program income (line l minus line m and line n)					\$0.00		
<b>11 Indirect Expense</b>	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
				<b>g Totals:</b>	\$0.00	\$0.00	\$0.00
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:							
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)							
a Typed or Printed Name and Title of Authorized Certifying Official					c. Telephone (Area code, number, and extension)		
					d. Email Address		
b Signature of Authorized Certifying Official					e Date Report Submitted (Month, Day, Year)		

Standard Form 425  
 OMB Approval Number 4040-0014  
 Expiration Date 02/28/2022

**Paperwork Burden Statement**

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 4040-0014. Public reporting burden for this collection of information is estimated to average 1 hour 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. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: US Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave, SW, Suite 336-E, Washington DC 20201. Attention: PRA Reports Clearance Officer.

Non Federal Share Expenses to report on SF 425

Salaries/Teachers/Para's/Bus Aides	940,975.07
Utilities	65,529.71
Custodial Staff and Supplies	260,382.90
Snow Removal	15,700.00
Building Maintenance	10,563.00
State Grants	
Enhancement	67,601.32
Expansion	95,730.47
Pest Control	4,248.00
In-Kind	
Volunteers	4,473.80
Total	1,465,204.27
Food Service	72,127.20