



CITY OF CHICAGO
DEPARTMENT OF FAMILY
AND SUPPORT SERVICES

FY 2017 Head Start/Early Head Start Scope of Services

Delegate Agency Name: _____ P.O. #: _____

Main Office Address/Zip Code: _____

Program Type: Head Start or Early Head Start

Check appropriate agency type(s):

- Community Action Agency(CAA) Private/Public Non-Profit (i.e. church)
 School System (Public School) Government Agency (Non-CAA)
 Private/Public For Profit Charter School System

Program Staff	Name of Program Staff	Contact Number	Email Address
Executive Director	_____	(____) ____ - ____	_____
HS/EHS Program Director	_____	(____) ____ - ____	_____
Fiscal Officer	_____	(____) ____ - ____	_____
Policy Committee Chairperson	_____	(____) ____ - ____	_____
Board Chairperson	_____	(____) ____ - ____	_____

Approval Signatures for the FY 2017 Head Start/Early Head Start Scope of Services

Delegate Agency Executive/Program Director _____ Date _____

DFSS _____ Date _____



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Program Approach

1. Check your program options: HS EHS EHS_CCP
2. Check your program models: CB HB FCCH CB/FD CB/HD EHS_CCP
3. What are the service days for each of these program models: _____CB _____HB _____FCCH
_____CB/FD _____CB/HD _____EHS_CCP
4. What is the beginning date for this program year and the end date for this program year for each of these program models: Full Year: _____/_____/_____ to _____/_____/_____
Ten Month: _____/_____/_____ to _____/_____/_____
5. **HOW MANY** days will the program be closed for pre-service days, weekday holidays and other non-service days? List them here beginning with December 1, 2016 through November 30, 2017:

December 2016:	April 2017:	August 2017:
January 2017:	May 2017:	September 2017:
February 2017:	June 2017:	October 2017:
March 2017:	July 2017:	November 2017:

Licensing Status:

1. All current city and state licenses will be uploaded to COPA eDocs by November 30, 2016.
Yes No If no, explain why not:
2. All city and state licenses are current: Yes No ; if no, list or attach facilities with licensing issues state or city.
3. There are city or state licenses expiring within 30 days of 11/19/2016: Yes No ;
If yes, list or attach which facilities/FCCH licenses are expiring.
4. Has a renewal city or state license been applied for expiring licenses: Yes No



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Organizational Structure

1. Attach a copy of the current organizational chart.
2. Attached a copy of the board membership list. The list identifies the members with following areas of expertise:
 - expertise in early childhood development & education Yes No
 - expertise in financial accounting & fiscal management Yes No
 - a licenses attorney family with matters that come before a governing body
Yes No
 - A former or current Head Start parent Yes No
 - Board membership includes more than these four members and areas of expertise
Yes No If you answer no to any of these statements, explain why:
3. Attached a copy of the current policy committee membership list.

Monitoring

1. How will the agency monitor the program expenditures and ensure that appropriate fiscal controls/records are in place?



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Fiscal Safeguards

1. How does the agency ensure appropriate fiscal controls are in place to prevent fraud or misappropriation of funds?

Staff/Parent Development

1. All Head Start/Early Head Start staff are listed in COPA HR: Yes No
If no, explain why:
2. All HS/EHS Staff paid from these grants have a professional development plan in place:
Yes No ; If no, explain why not:
3. There is a projected parent activity calendar/plan developed for fiscal year 2017:
Yes No ; If no, explain why:
If yes, attached a copy.
4. The parent activity calendar/plan includes required trained sessions for policy committee members and parent committee members: Yes No
If no, explain why:
5. The parent activity calendar/plan includes training topics for parents that include but are not limited to areas of nutrition, pedestrian training, parent education, early childhood development, health & safety, goal setting, career/academic development. Yes No
If no, explain why:



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Delegate Agency Name: _____ P.O. #: _____	
Contact Information of the person who completed the Scope of Services Information	
Name/Title	
Address/Zip Code	
Contact Number	(____) ____-____
Email Address	
Contact Information of the person who completed the Budgetary Information	
Name/Title	
Address/Zip Code	
Contact Number	(____) ____-____
Email Address	
Contact Information of the person who completed and submitted the Contractual and Signatory Items for the agreement	
Name/Title	
Address/Zip Code	
Contact Number	(____) ____-____
Email Address	

End of Document 11/07/2016