

RESOLUTION OF THE
WHITE MOUNTAIN APACHE TRIBE OF THE
FORT APACHE INDIAN RESERVATION

- WHEREAS, the Head Start Program on the Fort Apache Indian Reservation has been an outstanding success, and
- WHEREAS, because of this program, innumerable Apache children are continuing their higher education and not becoming dropouts, and
- WHEREAS, the tribe, in the present Fiscal Year, has contributed in cash and in kind in excess of \$35,000.00 to help defray the cost of the program, and
- WHEREAS, recently the tribe was advised that a fee schedule has been assessed which will affect some sixty five White Mountain Apache families, and
- WHEREAS, many of the families who are on welfare will have to contribute funds because of the fee schedule.

BE IT RESOLVED that the appropriate division of government be requested to waive the fee schedule on the Fort Apache Indian Reservation.

BE IT FURTHER RESOLVED that a copy of this resolution be forwarded to other Indian Reservations in Arizona where Head Start Program is in effect for their support.

The foregoing resolution was on August 1, 1973 duly adopted by a vote of 7 for and 0 against by the Tribal Council of the White Mountain Apache Tribe, pursuant to authority vested in it by Article V, Section 1 (i) of the Amended Constitution and By-Laws of the Tribe, ratified by the Tribe June 27, 1958 and approved by the Secretary of the Interior on May 29, 1958, pursuant to Section 16 of the Act of June 18, 1934 (48 Stat. 984).



Leslie B. Bannock
Chairman of the Tribal Council

Mary C. Goodfield
Secretary of the Tribal Council

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Office of Child Development
BUDGET SUMMARY SHEET

05-189 SECTION 1

White Mountain Apache Tribe

BUDGET SUMMARY SHEET

2A. GRANT NO. 11-8021
B. PROGRAM YEAR 1

1. NAME OF APPLICANT/DELEGATE AGENCY
3. TYPE OF PROGRAM (check one)
P.A. 22 FULL YEAR HEAD START-PART DAY
P.A. 23 FULL YEAR HEAD START-FULL DAY
P.A. 2 HEALTH START

P.A. 24 SUMMER HEAD START
P.A. 25 PARENT AND CHILD CENTER
OTHER (Specify) _____

4. DURATION OF PROGRAM
(A) BEGINNING DATE December 1, 1973
(B) END DATE November 30, 1974

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| 5. QUANTIFIED AS PART OF FUNDING REQUEST (check one) | REQUESTED BUDGET (by Agency) | | YEAR 1 | | YEAR 2 | | YEAR 3 | | AMENDMENT | | SUPPLEMENT | |
|------------------------------------------------------|------------------------------|-----------------|--------------|---------------------|-------------|-----------------|-------------|-----------------|--------------|---------------|---------------|--|
| | FEDERAL (2) | NON-FEDERAL (3) | FEDERAL (4) | NON-FEDERAL (5) | FEDERAL (6) | NON-FEDERAL (7) | FEDERAL (8) | NON-FEDERAL (9) | FEDERAL (10) | 2ND YEAR (11) | 3RD YEAR (12) | |
| PERSONNEL | | | | | | | | | | | | |
| 1.1 SALARIES AND WAGES | \$115,403.00 | \$7,717.00 | \$123,120.00 | | | | | | | | | |
| 1.2 FRINGE BENEFITS | \$13,388.00 | \$926.00 | \$14,314.00 | | | | | | | | | |
| 1.3 CONSULTANTS AND CONTRACTS SERVICES | \$ 600.00 | -0- | \$ 600.00 | | | | | | | | | |
| 1.0 SUB-TOTAL FEDERAL | \$129,391.00 | \$8,643.00 | \$138,034.00 | | | | | | | | | |
| NON-PERSONNEL | | | | | | | | | | | | |
| 2 TRAVEL | \$ 7,342.00 | -0- | \$ 7,342.00 | | | | | | | | | |
| 3 PAGE COSTS & RENTALS | \$6,340.00 | \$3,670.00 | \$10,010.00 | (\$3,600.00 - KIND) | | | | | | | | |
| 4 CONSUMABLE SUPPLIES | \$14,176.00 | \$3,245.00 | \$17,421.00 | | | | | | | | | |
| 5 RENTALS, LEASE & PURCHASE OF EQUIPMENT | \$1,850.00 | \$1,000.00 | \$2,850.00 | | | | | | | | | |
| 6 OTHER COSTS | \$1,740.00 | \$ 100.00 | \$1,840.00 | | | | | | | | | |
| 7.0 SUB-TOTAL NON-PERSONNEL | \$31,948.00 | \$7,945.00 | \$39,893.00 | | | | | | | | | |
| GRAND TOTAL | \$161,339.00 | \$16,588.00 | \$177,927.00 | | | | | | | | | |

7. STATEMENT: The undersigned accept us to any grant awarded, the obligation to comply with the applicable Federal Statutes and DHEW policies pertinent to this program in effect at the time of the award and any special conditions that may be made a part of the award.

APPROVED BY GOVERNING BOARD YES NO
SIGNATURE & TITLE OF PRINCIPAL GOVERNING OFFICIAL OR PRINCIPAL OFFICER OF GOVERNING BOARD
NAME Debra D. Anderson DATE July 11/73
TITLE White Mountain Apache Tribe Chairman

APPROVED BY PC YES NO
SIGNATURE OF PC CHAIRMAN
NAME Debra D. Anderson DATE 07/11/73

OMB 85-80179
EXPIRES 6/30/74

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Office of Child Development

SALARIES AND WAGES (Itemization of Cost Category No. 1.1)

| NO. OF | TITLE OR POSITION | PERSONNEL PROJECTED | | | | ADJUSTMENTS | | APPROVED | | | | | |
|--------|-----------------------------------------|-----------------------|------------------|---------------|-------------------|-----------------------|-------------------|-----------------------|------------------------|------------------|----------------|--------------------|------------------------|
| | | ANNUALIZED SALARY (3) | NO. OF WEEKS (4) | % OF TIME (5) | FEDERAL SHARE (6) | HON-FEDERAL SHARE (7) | FEDERAL SHARE (8) | HON-FEDERAL SHARE (9) | ANNUALIZED SALARY (10) | NO. OF MOS. (11) | % OF TIME (12) | FEDERAL SHARE (13) | NON-FEDERAL SHARE (14) |
| 1 | HEAD SECT DIRECTOR | \$10,548.00 | 43 | 100% | \$10,548.00 | -0- | | | | | | | |
| 2 | S.O. - JAVY/RETRNRS MANAGER | \$5,883.00 | 43 | 100% | \$5,883.00 | -0- | | | | | | | |
| 3 | HEALTH/QUIETNESS CO-ORDINATOR | \$5,655.00 | 43 | 100% | \$5,655.00 | -0- | | | | | | | |
| 4 | SUB. DRIVER/MATH/PERNICE KAN | \$5,000.00 | 43 | 100% | \$5,000.00 | -0- | | | | | | | |
| 5 | (2) PART-TIME BUS DRIVERS | \$1,099.00 | 41 | 5/7 | \$8,490.00 | -0- | | | | | | | |
| 6 | GOOD'S DRIVER | \$2,006.00 | 41 | 2% | \$2,006.00 | -0- | | | | | | | |
| 7 | GOOD'S DRIVER | \$2,006.00 | 41 | 2% | \$2,006.00 | -0- | | | | | | | |
| 8 | DOCTOR'S HELPER | \$2,470.00 | 41 | 2% | \$2,470.00 | -0- | | | | | | | |
| 9 | TEACHER | \$2,291.00 | 41 | 82.5 | \$5,000.00 | -0- | | | | | | | |
| 10 | TEACHER | \$2,291.00 | 41 | 82.5 | \$5,129.00 | -0- | | | | | | | |
| 11 | TEACHER | \$2,291.00 | 41 | 87.5 | \$5,717.00 | -0- | | | | | | | |
| 12 | TEACHER | \$2,600.00 | 41 | 87.5 | \$2,600.00 | -0- | | | | | | | |
| 13 | TOTALS, PAID PROFESSIONAL PERSONNEL | | | | | -0- | | | | | | | |
| 14 | TOTALS, PAID NON-PROFESSIONAL PERSONNEL | | | | | -0- | | | | | | | |
| 15 | TOTALS, PAID PER INCL | | | | | -0- | | | | | | | |
| 16 | TOTALS, V UNTEERS/PERSONNEL | | | | | -0- | | | | | | | |

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Office of Child Development

GRANT NO. H- 8991

PAGE 3 OF 12

SALARIES AND WAGES (Itemization of Cost Category No. 1.1)

| NO. OF | TITLE OR POSITION | PERSONNEL REQUESTED <i>(Completed by Applicant)</i> | | | | ADJUSTMENTS <i>(Completed by OCD)</i> | | APPROVED <i>(Completed by OCD)</i> | | | | | |
|--------|-----------------------------------------|--------------------------------------------------------|---------------------|------------------|----------------------|------------------------------------------|----------------------|---------------------------------------|---------------------------|---------------------|-------------------|-----------------------|---------------------------|
| | | ANNUALIZED SALARY (3) | NO. OF WEEKS (4) | % OF TIME (5) | FEDERAL SHARE (6) | NON-FEDERAL SHARE (7) | FEDERAL SHARE (8) | NON-FEDERAL SHARE (9) | ANNUALIZED SALARY (10) | NO. OF MOS. (11) | % OF TIME (12) | FEDERAL SHARE (13) | NON-FEDERAL SHARE (14) |
| 1 | TEACHER (2) | \$3,200.00 | 41 | 87.5 | \$2,800.00 | -0- | | | | | | | |
| 2 | TEACHER | \$5,000.00 | 42 | 87.5 | \$5,000.00 | -0- | | | | | | | |
| 3 | TEACHER | \$5,000.00 | 40 | 87.5 | \$5,000.00 | -0- | | | | | | | |
| 4 | TEACHER | \$4,000.00 | 41 | 87.5 | \$4,000.00 | -0- | | | | | | | |
| 5 | TEACHER | \$4,500.00 | 42 | 87.5 | -0- | \$4,281.00 | | | | | | | |
| 6 | TEACHER-AIDES | \$1,150.00 | 41 | 87.5 | -0- | \$3,126.00 | | | | | | | |
| 7 | (a) TEACHER-AIDES | \$2,000.00 | 41 | 87.5 | \$1,200.00 | -0- | | | | | | | |
| 8 | (b) TEACHER-AIDES | \$2,000.00 | 41 | 87.5 | \$5,000.00 | -0- | | | | | | | |
| 9 | (c) TEACHER-AIDES | \$2,000.00 | 41 | 87.5 | \$3,000.00 | -0- | | | | | | | |
| 10 | TEACHER AIDES | \$2,000.00 | 42 | 87.5 | \$3,000.00 | -0- | | | | | | | |
| 11 | | | | | | | | | | | | | |
| 12 | LOBBY FOR SALARY T. RIVER | \$1,000.00 | N.A. | N.A. | \$5,000.00 | -0- | | | | | | | |
| 13 | TOTALS, PAID PROFESSIONAL PERSONNEL | | | | \$10,548.00 | -0- | | | | | | | |
| 14 | TOTALS, PAID NON-PROFESSIONAL PERSONNEL | | | | \$104,855.00 | \$7,717.00 | | | | | | | |
| 15 | TOTALS, PAID PERSONNEL | | | | \$115,403.00 | \$7,717.00 | | | | | | | |
| 16 | TOTALS, VOLUNTEER PERSONNEL | | | | -0- | \$5,350.00 | | | | | | | |

OMB 85-RQ-179
EXPIRES 6/1/74

GPO 818-105

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Office of Child Development

GRANT NO. H. II-5021

PAGE 4 OF 12

FRINGE BENEFITS (Itemization of Cost Category No. 1.2)

| | DESCRIPTION OF ITEM AND BASIS FOR VALUATION (2) | REQUESTED (Filled out by Applicant) | | ADJUSTMENTS (Filled out by OCH) | | EXPL. REF. (7) | APPROVED (Filled out by OCH) | | TOTAL (10) |
|----|--------------------------------------------------------------------|----------------------------------------|--------------------------|------------------------------------|--------------------------|-------------------|---------------------------------|--------------------------|---------------|
| | | FEDERAL SHARE (3) | NON-FEDERAL SHARE (4) | FEDERAL SHARE (5) | NON-FEDERAL SHARE (6) | | FEDERAL SHARE (8) | NON-FEDERAL SHARE (9) | |
| 1 | F.I.C.A. 5.95 % X \$ 115,403.00 | \$6,751.00 | \$462.00 | | | | | | |
| 2 | RETIREMENT .001 % X \$ 115,403.00 | \$136.00 | \$12.00 | | | | | | |
| 3 | DISABILITY INSURANCE (4/7%) 2.7 % X \$ 115,403.00 | \$3,116.00 | \$210.00 | | | | | | |
| 4 | HEALTH INSURANCE .001 % X \$ 115,403.00 | \$116.00 | \$12.00 | | | | | | |
| 5 | HEALTH INSURANCE A \$ month | N.A. | N.A. | | | | | | |
| 6 | HEALTH INSURANCE B \$ month | N.A. | N.A. | | | | | | |
| 7 | OTHER (Specify) % X \$ | | | | | | | | |
| 8 | State Unemployment 2.97 X \$115,403.00 | \$2,624.00 | \$187.00 | | | | | | |
| 9 | Federal Unemployment .0053 X \$115,403.00 | \$35.00 | \$3.00 | | | | | | |
| 10 | | | | | | | | | |
| 11 | | | | | | | | | |
| 12 | | | | | | | | | |
| 13 | | | | | | | | | |
| 14 | | | | | | | | | |
| 15 | <input type="checkbox"/> ADDITIONAL PAGE(S) ATTACHED TOTAL FORWARD | \$13,368.00 | \$926.00 | | | | | | |
| 16 | TOTAL FRINGE BENEFITS | | | | | | | | |

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Office of Child Development

GRANT NO. H-1021

PAGE 6 OF 12

CONSULTANTS AND CONTRACT SERVICES (Itemization of Cost Category No. 1.3)

| | DESCRIPTION OF ITEM AND BASIS FOR VALUATION (2) | REQUESTED (Filled out by Applicant) | | ADJUSTMENTS (Filled out by OGD) | | EXPL. REF. (71) | APPROVED (Filled out by OGD) | | TOTAL (110) |
|----|-----------------------------------------------------------------|----------------------------------------|--------------------------|------------------------------------|--------------------------|--------------------|---------------------------------|--------------------------|----------------|
| | | FEDERAL SHARE (3) | NON-FEDERAL SHARE (4) | FEDERAL SHARE (5) | NON-FEDERAL SHARE (6) | | FEDERAL SHARE (8) | NON-FEDERAL SHARE (9) | |
| 1 | CONSULTANTS (list by type) | | | | | | | | |
| 2 | \$ per day X days | -0- | -0- | | | | | | |
| 3 | \$ per day X days | -0- | -0- | | | | | | |
| 4 | \$ per day X days | -0- | -0- | | | | | | |
| 5 | MEDICAL EXAMINATIONS \$ per child X children | -0- | -0- | | | | | | |
| 6 | MEDICAL FOLLOW-UP \$ per child X children | -0- | -0- | | | | | | |
| 7 | DENTAL EXAMS \$ per child X children | -0- | -0- | | | | | | |
| 8 | DENTAL FOLLOW-UP \$ per child X children | -0- | -0- | | | | | | |
| 9 | PSYCHOLOGICAL SERVICES \$ per child X children | -0- | -0- | | | | | | |
| 10 | TRAINING | | | | | | | | |
| 11 | Pre-Service (Total Amount Required) | -0- | -0- | | | | | | |
| 12 | In-Service (Total Required) | -0- | -0- | | | | | | |
| 13 | AUDIT FEE | \$500.00 | -0- | | | | | | |
| 14 | | | | | | | | | |
| 15 | <input type="checkbox"/> ADDITIONAL PAGE ATTACHED TOTAL FORWARD | -0- | -0- | | | | | | |
| 16 | TOTAL CONSULTANTS & CONTRACT SERVICES | \$500.00 | -0- | | | | | | |

OMB 85-RO 179
 GPO 518-505
 EXPIRES 6/30/74

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Office of Child Development

GRANT NO. H. 5021

PAGE 2 OF 12

TRAVEL (Itemization of Cost Category No. 2.1)

| 1 | DESCRIPTION OF ITEM AND BASIS FOR VALUATION | REQUESTED <i>(Filled out by Applicant)</i> | | ADJUSTMENTS <i>(Filled out by OED)</i> | | APPROVED <i>(Filled out by OED)</i> | | TOTAL |
|----|-------------------------------------------------------|-----------------------------------------------|--------------------------|-------------------------------------------|--------------------------|----------------------------------------|--------------------------|-------|
| | | FEDERAL SHARE (3) | NON-FEDERAL SHARE (4) | FEDERAL SHARE (5) | NON-FEDERAL SHARE (6) | FEDERAL SHARE (8) | NON-FEDERAL SHARE (9) | |
| 1 | PUPIL TRANSPORTATION (2) | | | | | | | |
| 2 | Car miles @ \$ | N.A. | N.A. | | | | | |
| 3 | Bus 100 miles @ 25 \$ per mile x 35 weeks | \$5,035.00 | -0- | | | | | |
| 4 | Plus Insurance and Depreciation of Bus | - | - | | | | | |
| 5 | Contracted miles @ \$ | N.A. | N.A. | | | | | |
| 6 | STAFF TRANSPORTATION | | | | | | | |
| 7 | Self Travel 420 miles @ 10 \$ per mile x 35 weeks | \$1,470.00 | -0- | | | | | |
| 8 | OUT OF AREA TRAVEL | | | | | | | |
| 9 | Travel Costs | N.A. | N.A. | | | | | |
| 10 | Per Diem days @ \$ | N.A. | N.A. | | | | | |
| 11 | PARENT TRANSPORTATION | | | | | | | |
| 12 | Parent activity travel 5000 miles @ 10 \$ per mile | \$500.00 | -0- | | | | | |
| 13 | Per Diem 15 days @ \$20.00 per day (+ 14.00) | \$334.00 | -0- | | | | | |
| 14 | | | | | | | | |
| 15 | <input type="checkbox"/> ADDITIONAL PAGE(S) ATTACHED | | | | | | | |
| | TOTAL TRAVEL | \$7,342.00 | -0- | | | | | |
| | TOTAL FORWARD | | | | | | | |

GPO 818-405

OMB 85-RO 179
EXPIRES 6/30/74

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Office of Child Development

GRANT NO. H- 8021

PAGE 8 OF 12

SPACE COSTS & RENTALS (Itemization of Cost Category No. 2.2)

| (1) | DESCRIPTION OF ITEM AND BASIS FOR VALUATION | (2) | REQUESTED <i>(Filled out by Applicant)</i> | | ADJUSTMENTS <i>(Filled out by OCD)</i> | | | APPROVED <i>(Filled out by OCD)</i> | | TOTAL (10) |
|-----|---------------------------------------------------------------------|-----|-----------------------------------------------|--------------------------|-------------------------------------------|--------------------------|-------------------|----------------------------------------|--------------------------|---------------|
| | | | FEDERAL SHARE (3) | NON-FEDERAL SHARE (4) | FEDERAL SHARE (5) | NON-FEDERAL SHARE (6) | EXPL. REF. (7) | FEDERAL SHARE (8) | NON-FEDERAL SHARE (9) | |
| 1 | CLASSROOMS (use Appropriate Extension) | | | | | | | | | |
| 2 | Classrooms 4? sq. ft. X 17 per sq. ft. X 105.00 months X 9 mo. | | \$3,750.00 | -0- | | | | | | |
| 3 | Classrooms 5 60.00 sq. ft. X 17 per sq. ft. X 105.00 months X 9 mo. | | -0- | \$2,700.00 | (In Kind) | | | | | |
| 4 | (Total no. of Classrooms 9 (4 rented and 5 In-Kind from the Tribe) | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |
| 8 | OFFICE SPACE 37 sq. ft. X 21 per sq. ft. X 12 months X 175.00 | | -0- | \$1,100.00 | (In Kind) | | | | | |
| 9 | UTILITIES | | | | | | | | | |
| 10 | Heat \$ 150.00 per month X 9 months | | \$1,350.00 | -0- | | | | | | |
| 11 | Light \$ 75.00 per month X 9 months | | \$75.00 | -0- | | | | | | |
| 12 | Telephone \$ 100.00 per month X 9 months | | \$90.00 | -0- | | | | | | |
| 13 | Water \$ 15.00 per month X 9 months | | \$135.00 | -0- | | | | | | |
| 14 | | | | | | | | | | |
| 15 | <input type="checkbox"/> ADDITIONAL PAGE(S) ATTACHED | | | | | | | | | |
| 16 | TOTAL SPACE COSTS & RENTALS | | \$6,840.00 | \$3,800.00 | (In Kind) | | | | | |

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Office of Child Development

GRANT NO. H- 0001

PAGE 9 OF 12

CONSUMABLE SUPPLIES (Itemization of Cost Category No. 2.3)

| | DESCRIPTION OF ITEM AND BASIS FOR VALUATION | REQUESTED (filled out by applicant) | | ADJUSTMENTS (filled out by OGD) | | | APPROVED (filled out by OGD) | | TOTAL (110) |
|----|--------------------------------------------------------------------|----------------------------------------|--------------------------|------------------------------------|--------------------------|-------------------|---------------------------------|--------------------------|----------------|
| | | FEDERAL SHARE (3) | NON-FEDERAL SHARE (4) | FEDERAL SHARE (5) | NON-FEDERAL SHARE (6) | EXPL. REF. (7) | FEDERAL SHARE (8) | NON-FEDERAL SHARE (9) | |
| 1 | CLASSROOM SUPPLIES \$ 1.00 per child per week X 33 X 150 children | \$2,970.00 | \$1,050.00 | | | | | | |
| 2 | OTHER SUPPLIES staff members per year X \$ X weeks | N.A. | N.A. | | | | | | |
| 3 | PRINTING SUPPLIES \$ per child | N.A. | N.A. | | | | | | |
| 4 | FOOD 45 \$ per person per day X 165 X 150 children and | \$9,900.00 | \$9,900.00 | | | | | | |
| 5 | FOOD 40¢ a day 20 required staff X 165 days | \$1,320.00 | -0- | | | | | | |
| 6 | POSTAGE \$ 3.00 per month X 12 months | \$36.00 | -0- | | | | | | |
| 7 | STENOX-(use of GAP Machine - payment for one month) | \$72.00 | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |
| 11 | MEDICAL-DENTAL SUPPLIES \$ per child X children | N.A. | N.A. | | | | | | |
| 12 | | | | | | | | | |
| 13 | | | | | | | | | |
| 14 | | | | | | | | | |
| 15 | <input type="checkbox"/> ADDITIONAL FEES IS ATTACHED TOTAL FORWARD | | | | | | | | |
| 16 | TOTAL CONSUMABLE SUPPLIES | \$14, 176.00 | \$9, 345.00 | | | | | | |

OMB 85-RO 179 EXPIRES 6/30/74

CP O 918-805

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Office of Child Development

GRANT NO. H- 8001

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OTHER COSTS (Itemization of Cost Category No. 2.5)

| | DESCRIPTION OF ITEM AND BASIS FOR VALUATION | REQUESTED <i>(Filled out by Applicant)</i> | | ADJUSTMENTS <i>(Filled out by OCD)</i> | | | APPROVED <i>(Filled out by OCD)</i> | | TOTAL |
|----|------------------------------------------------------------------|-----------------------------------------------|-----------------------|-------------------------------------------|-----------------------|----------------|----------------------------------------|-----------------------|-------|
| | | FEDERAL SHARE (3) | NON-FEDERAL SHARE (4) | FEDERAL SHARE (5) | NON-FEDERAL SHARE (6) | EXPL. REF. (7) | FEDERAL SHARE (8) | NON-FEDERAL SHARE (9) | |
| 1 | PARENT ACTIVITIES | | | | | | | | |
| 2 | Parent sitting \$ 50.00 per hour for 40 meetings at 4 hours each | | | | | | | | |
| 3 | = 160 x 13 PPC Members | \$1,040.00 | -0- | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | FIELD TRIP FARES: Treats \$ per child X children | H.A. | N.A. | | | | | | |
| 7 | | | | | | | | | |
| 8 | INSURANCE: | | | | | | | | |
| 9 | Pupil Liability-Accidental Death & Dismemberment | \$200.00 | \$100.00 | | | | | | |
| 10 | | | | | | | | | |
| 11 | Vehicle, Theft & Liability | N.A. | N.A. | | | | | | |
| 12 | General Liability & Theft | H.A. | N.A. | | | | | | |
| 13 | Fire | N.A. | N.A. | | | | | | |
| 14 | | | | | | | | | |
| 15 | <input type="checkbox"/> ADDITIONAL PAGE(S) ATTACHED | -0- | -0- | | | | | | |
| 16 | TOTAL OTHER COSTS | \$1,740.00 | \$100.00 | | | | | | |

OCD 85-RO 175
EXPIRES 6/30/74

OCD 85-RO 175
EXPIRES 6/30/74

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Office of Child Development

GRANT NO. H. 8021

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ATTACHMENT PAGE

| (1) | DESCRIPTION OF ITEM AND BASIS FOR VALUATION (2) | REQUESTED (Filled out by Applicant) | | ADJUSTMENTS (Filled out by OCD) | | EXPL. REF. (71) | APPROVED (Filled out by OCD) | | TOTAL (10) |
|-----|----------------------------------------------------|----------------------------------------|--------------------------|------------------------------------|--------------------------|--------------------|---------------------------------|--------------------------|---------------|
| | | FEDERAL SHARE (3) | NON-FEDERAL SHARE (4) | FEDERAL SHARE (5) | NON-FEDERAL SHARE (6) | | FEDERAL SHARE (8) | NON-FEDERAL SHARE (9) | |
| 1 | Tribal Account for Head Start | -0- | \$12,358.00 | | | | | | |
| 2 | In Kind Contributions (Space Cost and Volunteers) | -0- | \$9,150.00 | | | | | | |
| 3 | | | | | | | | | |
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| 12 | | | | | | | | | |
| 13 | | | | | | | | | |
| 14 | | | | | | | | | |
| 15 | | | | | | | | | |
| 16 | TOTALS (Enter of Line 15 of Appropriate Page) | | | | | | | | |