



Letter of Intent – Request for Application  
FY 2022-23 Head Start Supplemental Assistance Program

The Pennsylvania Department of Education (PDE), through the Office of Child Development and Early Learning (OCDEL), is releasing a competitive Head Start Supplemental Assistance Program (HSSAP) Request for Application (RFA) for fiscal year 2022-23. OCDEL encourages all eligible Head Start and Early Head Start providers to apply.

**All applicants must submit Letters of Intent using the form below to [RA-PAPreKCounts@pa.gov](mailto:RAPreKCounts@pa.gov) by 3 PM on February 25, 2022. Only applicants that submit a complete Letter of Intent by the deadline will be permitted to apply for funding when the application is released in eGrants.**

To whom it may concern:

On behalf of \_\_\_\_\_, we intend to apply for funds to support  
*Lead Agency*

(check all that apply and complete the identified information):

**Head Start Supplemental Assistance Program Center-Based slots**

We intend to serve: \_\_\_\_\_  
# of children

**Head Start Supplemental Assistance Program Home-Based slots**

In accordance with Head Start Program Performance Standard 1302.22, a Head Start program serving preschool-aged children may not provide only the home-based program option. Because HSSAP is to be administered in accordance with federal Head Start guidelines, Head Start providers awarded HSSAP funding for home-based services must assure they are serving preschool-aged children in the center-based option as well.

We intend to serve: \_\_\_\_\_  
# of children

Partner organization(s) you intend to include in the application:

\_\_\_\_\_

\*\*Information submitted in the Letter of Intent may be modified in the final application.

Lead Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_

AUN #: \_\_\_\_\_

Please list the name of the person who should be given access to complete the grant application within the eGrants system. (This person should be authorized by your organization to write the grant application).

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

If the above person is an existing eGrants user, please provide their current eGrants user ID: \_\_\_\_\_

Chief Authorized Official (CAO): \_\_\_\_\_

CAO Signature: \_\_\_\_\_