November 5, 2020

Ms. Brenda Kelbaugh
Contract & Data Quality Manager, Child & Family Development
Garrett County Community Action Committee Inc.
104 East Center Street
Oakland, MD 21550

STATE CLEARINGHOUSE REVIEW PROCESS

State Application Identifier: MD20201104-0947
Project Description: Head Start and Early Head Start
Project Location: Garrett County
Clearinghouse Contact: Rita Pritchett

Dear Ms. Kelbaugh:

Thank you for submitting your project for intergovernmental review. Participation in the Maryland Intergovernmental Review and Coordination (MIRC) process helps ensure project consistency with plans, programs, and objectives of State agencies and local governments.

Notice of your application is being provided to State and local public officials through the ***Intergovernmental Monitor***, which is a database of projects received by the State Clearinghouse for Intergovernmental Assistance. This information may be viewed at http://apps.planning.maryland.gov/emircpublic/ . The project has been assigned a unique State Application Identifier that should be used on all documents and correspondence.

A "Project Status Form" has been enclosed and should be completed and returned after you receive notice that your project was approved or not approved.

All MIRC requirements have been met in accordance with Code of Maryland Regulations (COMAR 34.02.01.04-.06) and this concludes the review process for the above referenced project. If you need assistance or have questions, contact the State Clearinghouse staff noted above at 410-767-4490 or through e-mail at rita.pritchett@maryland.gov. Thank you for your cooperation with the MIRC process.

Sincerely,

Myra Barnes, Lead Clearinghouse Coordinator

MB:RP
Enclosure(s)

20-0947_NM.NEW.docx

PROJECT STATUS FORM

Please complete this form and return it to the State Clearinghouse upon receipt of notification that the project has been approved or not approved by the approving authority.

TO: **Maryland State Clearinghouse**
Maryland Department of Planning
301 West Preston Street
Room 1104
Baltimore, MD 21201-2305

DATE: _____
(Please fill in the date form completed)

FROM: _____
(Name of person completing this form.)

PHONE: _____-____-_____
(Area Code & Phone number)

RE: **State Application Identifier:** **MD20201104-0947**
Project Description: Head Start and Early Head Start

PROJECT APPROVAL			
This project/plan was:	☐ **Approved**	☐ **Approved with Modification**	☐ **Disapproved**
Name of Approving Authority: _____			**Date Approved:** _____

FUNDING APPROVAL			
The funding (if applicable) has been approved for the period of: _____, 201____ to _____, 201____ as follows:			
Federal $: _____	**Local $:** _____	**State $:** _____	**Other $:** _____

OTHER
☐ **Further comment or explanation is attached**

MD20201104-0947 **FINANCIAL ASSISTANCE**

Garrett County Community Action Committee Inc.

Head Start and Early Head Start

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