Colorado EHDI Alliance

Subgrant Application

### Section I: Applicant Organization

Organization Name:

DBA Name (if different from above):

Mailing address:

Physical address (if different from above):

City: State: Zip:

County: FEIN or SSN:

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VP Voice

Fax: Email:

Website:

###### Section II: Type of Organization

Organization Type (check all that apply):

Community organization with 501(c)(3) or 509(a)(1) tax status

Local government entity (municipal, county, etc.)

State government entity

State-operated program

**Section III: Mission Statement**

### Section IV: Project Coordinator

Project Coordinator Name:

Position / Title:

Phone: VP Voice

Email: 

###### Section V: Funds and Purpose of Grant Project(s)

Total Alliance Grant Funds Requested: $ 

* Professional Development Activities, i.e. Professionals Related to Birth-3 Services for Children who are Deaf and Hard of Hearing (Request Limit of $3500)
* Resources for Spanish-Speaking Families (Request Limit of $2000)
* Family Based Organizations for Family Supports (Request Limit of $3500)

### Section VI: Description of Subgrant Goals, Objectives and Activities for which funds are being requested, Including the target population to be served by this subgrant -- 20 points

###### Section VII: Description of the Need and Impact on the EHDI system that the subgrant proposal addresses – 20 points

**Section VIII: Description of the Timeline for achieving the objective(s) -- 10 points**

**Section IX: Description of the Measurable Outcomes to be met – 15 points**

**Section X: Describe how the grantee will ensure that activities and outcomes will be sustainable after the funding cycle of this subgrant – 20 points**

**Section XI: Budget Narrative -- 15 points**