



Colorado EHDl 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: _____



COLORADO
Department of Human Services

Colorado Commission for the Deaf, Hard of Hearing, and DeafBlind | Early Intervention Colorado

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