Colorado EHDI Alliance

Subgrant Application

**2021-2022**

### Section I: Subgrant Organization

|  |  |
| --- | --- |
| **Organization Name:** |  |
| **DBA (Doing Business As) Name (if applicable):** |  |
| **Mailing address:** |  |
| **Physical address (if different from above):** |  |
| **Phone:** |  |
| **Email:** |  |
| **Fax:** |  |
| **Website (if applicable):** |  |

###### 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: Title of Subgrant

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

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

**Section X: Description of the Measurable Outcomes to be met. Include a description of expected outcomes for consumers (e.g., families of children who are deaf and hard of hearing) – 15 points**

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

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

**For COEHDI Use Only:**

Grant Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_