



COLORADO
Department of Human Services

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

**Colorado EHDl 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: _____



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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: _____