

FAMILY SUPPORT

For Iowa families of young children with hearing loss

Application for Outreach Activity Funding

ASK/EHDI Family Support

This project is an effort to connect Iowa families of children, ages 0-3, with hearing loss. These funds will provide financial support to any community organization, group or individual with an idea of how to introduce and bring together young D/HH children and their families. The goal for these outreach activities is to create opportunities for families with young D/HH children to connect, socialize, share resources and build relationships.

Please complete sections 1 and 2 with 1-3 paragraphs describing the purposed activity. Use section 3 to provide an itemized budget plan. All applicants must agree to collaborate with ASK, to offer family support information and to collect evaluation data using an evaluation tool provided by ASK. All applications must be received by **February 15, 2019**. Three proposals will be awarded. Awardees will be announced on or before February 18, 2019 via email. All activities must take place and all expenses must be incurred before **April 1, 2019**.

1. Project Description

Describe the family outreach activity being purposed.

2. Outreach

Describe how young children with hearing loss and their families will benefit from the activity. Include a description of how families will be made aware of the event.

3. Budget

The maximum amount for each award is \$2000. Each proposal must include a budget for how the funds will be used to connect young D/HH children and their families.

4. Timeline

Proposals will be accepted from January 15, 2019 – February 15, 2019. Proposals selected for funding will be notified by February 18. All activities must occur **before April 1, 2019**.

Please submit your application by email to karen@askresource.org, fax (515)243-1902 or mail to ASK Resource Center attn.: Karen Thompson 5665 Greendale Road, Johnston, IA 50131

If using email to apply, make sure your email is titled FAMILY SUPPORT APPLICATION

Date Submitted _____

Signature of Proposal Representative _____

Phone _____ email _____

OFFICE USE ONLY

Date Received _____

Proposal reviewed by:

The project described above is accepted and approved for the amount of _____

Approved By _____ Date _____

