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*Letter of Inquiry*

*Requirements & Scoring*

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| **Cover Page** | | | | | |
| 1. Applicant Organization: |  | | 1. **Contact Person:** | |  |
| 1. Phone Number: |  | | 1. **Email:** | |  |
| 1. Mailing Address: |  | | | | |
| 1. Which EL Hub Goal(s) does your project address? | Children are supported to enter school ready to succeed | | | Families are healthy, stable and attached | |
| 1. Which EL Hub Indicator(s) does your project address? |  | | | | |
| 1. How much funding is requested from the Early Learning Hub of Linn, Benton, & Lincoln Counties? | | | | |  |
| 1. Indicate the timeframe you are requesting funding for:   (Maximum allowable range is 7/1/2016 to 6/30/2017) | | | | |  |
| 1. Describe the startup timetable: |  | | | | |
| 1. List specific communities to be impacted by your services: |  | | | | |
| 1. How many young children and/or families with young children will be served? | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Children  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Families |
| 1. Indicate the specific demographics who will be impacted by your service (check all that apply): | | Communities of color Children with disabilities  Rural  Urban English Language Learners  Families in poverty | | | |
| 1. What age groups of children will be served (check all that apply): | | Prenatal  Infant/Toddler (under 3 years)  Preschool (3-5 years)  Transitioning Kindergartners (5-6 years) | | | |