#####

*Letter of Interest*

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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 Role does your project address?
 |  |
| 1. How much funding is requested from the Early Learning Hub of Linn, Benton, & Lincoln Counties? (Maximum allowable is $5000 per county served up to $15,000)
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| 1. Indicate the timeframe you are requesting funding for:

(Maximum allowable range is 7/1/2018 to 6/30/2019) |  |
| 1. Indicate which County(ies) will be served:
 | ☐ Linn ☐ Benton ☐ Lincoln |
| 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) |