

Application

Family Support & Family Preservation Funds

Cover Page

1. Applicant Organization:		2. Contact Person:	
3. Phone Number:		4. Email:	
5. Mailing Address:			
6. Which Raise Up Oregon Strategy does your project address?		<input type="checkbox"/> 9.2 Required	<input type="checkbox"/> Additional: Please list
7. How much funding is requested from the Early Learning Hub of Linn, Benton, & Lincoln Counties?			
8. Indicate the timeframe you are requesting funding for: (Maximum allowable range is 7/1/2022 to 6/30/2023)			
9. Describe the startup timetable:			
10. List specific communities to be impacted by your services:			
11. How many young children and/or families with young children will be served?			_____ Children _____ Families
12. Indicate the EL Hub Priority Populations who will be impacted by your service (check all that apply):		<input type="checkbox"/> Children prenatal to age 3 <input type="checkbox"/> Children who are Latinx <input type="checkbox"/> Children living in rural communities <input type="checkbox"/> Children with disabilities <input type="checkbox"/> Children who are emergent bilinguals <input type="checkbox"/> Children who are Native American or are from Tribal Nations/communities	
13. What age groups of children will be served (check all that apply):		<input type="checkbox"/> Prenatal <input type="checkbox"/> Infant/Toddler (under 3 years) <input type="checkbox"/> Preschool (3-5 years) <input type="checkbox"/> Transitioning Kindergartners (5-6 years)	