



FY 2021-2022 EARLY CHILDHOOD INNOVATION GRANT APPLICATION

LEAD PARTNERSHIP

County First Steps

PARTICIPATING PARTNERSHIPS,
IF APPLICABLE:

PROJECT TITLE:

TOTAL AMOUNT REQUESTED,
(FOR THE ENTIRE PROJECT PERIOD):

\$

DURATION OF THE PROJECT:

1 YEAR (FY22)

2 YEARS (FY22 & FY23)

IF A MULTI-YEAR PROJECT, HOW MUCH
FUNDING IS REQUESTED FOR:

YEAR 1 \$

YEAR 2 \$

PROJECT CONTACT NAME:

TITLE:

EMAIL:

PHONE:

As the authorized representatives of the lead applicant, we certify that, to the best of our knowledge, all information contained herein is an accurate portrayal of the proposed project and the roles and responsibilities of the project's associated partners.

Executive Director Signature

Name:

Email:

Board Chair Signature

Name:

Email: