



Application for Communication Plan Funding

Date of the application:

Name of person submitting application:

Contact Information:

Administrative Unit (if it is a collaborative effort, please include all AUs involved):

Special Education Director/Supervisor:

Contact Information:

Please describe the existing gap your project will address related to Communication Plans and provide a clear description of the proposed event. Explain how the event will meet the specific needs identified within the Communication Plans for students who are Deaf and Hard of Hearing or family members supporting children with hearing difference. Include the intended audience and the approximate number of attendees.

Please provide a detailed breakdown of all costs associated with the event. For each item, specify whether you are requesting reimbursement from CDE or if the AU will cover the expense.

Who will be billing CDE for reimbursement related to this funding? Please include contact information.

Direct Level Administrator Signature

Applicant Signature