



**APPLICATION TO PROVIDE EARLY INTERVENTION SERVICES
SFY 2016
UTAH DEPARTMENT OF HEALTH
Division of Community & Family Health Services
BABY WATCH EARLY INTERVENTION PROGRAM
PO Box 144720
Salt Lake City, UT 84114-4720**

PROGRAM NAME AND ADDRESS

PROGRAM DIRECTOR _____

Phone _____

Email _____

PROGRAM COORDINATOR _____

Phone _____

Email _____

PERSON AUTHORIZED TO SIGN GRANT _____

Phone _____

Email _____

PROGRAM ASSURES THEY WILL DO THE FOLLOWING (Please check):

Abide by the General and Special Provisions of grant¹

Provide new or updated policies as requested²

Provide a program budget on, or before, July 1, 2015

SIGNATURE _____ **TITLE** _____

DATE APPLICATION SUBMITTED _____

¹Grant will be finalized following approval of this application

²Master Application with current policies and procedures is on file with the Baby Watch Early Intervention Program