

**COLORADO CHOICE TRANSITIONS (CCT) COMMUNITY TRANSITION SERVICES (CTS)  
 INFRASTRUCTURE DEVELOPMENT GRANT APPLICATION**

<b>GENERAL INFORMATION</b>
TRANSITION COORDINATION AGENCY
ADDRESS
PHONE/EMAIL
DIRECTOR
DATE

**CURRENT TRANSITION COORDINATION AGENCY CAPACITY**

FULL-TIME TRANSITION COORDINATORS	HOURS ALLOCATED PER WEEK FOR COMMUNITY TRANSITION SERVICES

PART-TIME TRANSITION COORDINATORS	HOURS ALLOCATED PER WEEK FOR COMMUNITY TRANSITION SERVICES

NUMBER OF COMPLETED TRANSITIONS IN THE PAST TWELVE (12) MONTHS \_\_\_\_\_

**FUNDING REQUEST**

<b>EXPENSES NOT PAID BY SERVICE RATE TO BE COMPENSATED BY GRANT FUNDING</b>		
NUMBER OF TRANSITIONS TO BE COMPENSATED	TRANSITION EXPENSES TO BE COMPENSATED	REQUESTED FUNDING AMOUNT

**INFRASTRUCTURE DEVELOPMENT ACTIVITIES TO BE COVERED BY GRANT FUNDING**

PROJECT	ANTICIPATED COMPLETION DATE	REQUESTED FUNDING AMOUNT	EXPECTED OUTCOME	PROJECT PLAN ATTACHED

Non-covered transition expense requested amount \_\_\_\_\_

Infrastructure development requested amount \_\_\_\_\_

**TOTAL Funding Request** \_\_\_\_\_

\_\_\_\_\_ (TCA) commits to completing five (5) transitions in the next twelve (12) months.

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Director Signature