

Bringing Hearing Screening and Diagnostic Services to Children and Families



Introduction

Project Name*

Please provide a descriptive name for your project.

Character Limit: 100

With this opportunity, The Oberkötter Foundation invites proposals for projects seeking to introduce or expand access to pediatric hearing screening and/or diagnostic services by bringing care closer to children and families. With this goal in mind, this funding opportunity is intended to promote timely identification of hearing status and generate insights into approaches that improve service accessibility.

The deadline for submitting this application is Friday, November 30, 2026 at 11:59 PM Eastern Time.

Have Questions?

If you have questions, please email grants@oberkötterfoundation.org. Send all inquiries by Monday, November 9, 2026 to ensure a response.

Eligibility Confirmation

Eligibility Confirmation*

Please confirm that your organization meets the following criteria to continue with the application.

This RFP is open only to organizations that are:

Bringing Hearing Screening and
Diagnostic Services to Children and
Families

- nonprofit or tax-exempt, primarily 501(c)(3)s
- located and operating within the United States or its territories, **and**
- serving families of children who are deaf or hard of hearing.

Choices

I confirm my organization meets these criteria

My organization does not meet these criteria

Note: Applicants that do not meet these criteria will not qualify for this RFP and will be unable to move on to a full application.

Please read the full RFP for details.

Organization

Website

Enter the URL for your organization.

Character Limit: 150

Mission Statement*

What is the mission statement for your organization?

Character Limit: 1500

Core Services*

What services does your organization provide for families of children who are deaf or hard of hearing?

Please include services specifically for children from birth to three-years-old in your answer.

Character Limit: 1000

Current Budget*

Upload a copy of the current budget for your organization, including income and expenses.

Note for large institutions or university applicants: Please submit a budget for the department(s) that will be responsible for executing this project rather than the institution as a whole.

File Size Limit: 3 MB

Leadership*

Who is your organization's current Executive Director/CEO or similar?

Character Limit: 50

Board Members*

Please attach a list of your current board members.

File Size Limit: 1 MB

Team Lead*

Indicate the person responsible for overseeing the project.

Character Limit: 75

Team Lead Qualifications*

Briefly describe the team lead's background and experience relevant to the proposed work.

Character Limit: 1000

Team Lead Email Address*

Character Limit: 254

Project Details

Project Description*

Provide a short description of your project by completing this sentence:

"If awarded, Oberkötter funding will be used to _____."

Focus on making the Project Description clear and concise and think about how you would communicate this project to the public. The Foundation will use this description for its own internal records and may include the description in materials distributed publicly.

Character Limit: 350

Project Start Date*

Note: The earliest start date for this project is April 1, 2027.

Character Limit: 10

Project End Date*

Note: The Foundation only considers projects lasting up to three (3) years from the start date.

Character Limit: 10

Total Amount of Request*

What is the total amount of funding requested?

Note: This amount must match the automatic calculation from the budget document, including requested indirect costs.

Character Limit: 20

Year 1 Amount Requested*

Character Limit: 20

Year 2 Amount Requested (if applicable)

Character Limit: 20

Year 3 Amount Requested (if applicable)

Character Limit: 20

Project Plan

This section contains questions about the needs of the population in your service area, the proposed plan for addressing these needs, and goals as they relate to the proposal.

Project Type*

This proposal is best described as a:

Choices

- new project
- expansion or modification of an existing project
- adaptation of a project from another setting

Needs and Barriers*

What are the specific unmet needs or barriers to receiving timely pediatric hearing screening and/or diagnostic services in the community you serve?

Character Limit: 2000

Children Served*

How many total children did your organization provide hearing health services to in the last calendar year? Additionally, please specify how many children age 0-3 received services and the type of services delivered.

Character Limit: 350

Projected Number of Children Served*

How many children do you anticipate will receive hearing health services or interventions as part of this project, and what services will they receive? Please include in your answer specifically how many children 0-3 will receive services and the type of services delivered.

If the project proposes serving children who are not currently receiving services from your organization, describe how they will be brought into this program.

Character Limit: 500

Positioning*

How is your organization positioned to respond to the needs and barriers identified above?

Character Limit: 750

Similar Projects

If you have undertaken similar initiatives to the proposed project in the past, briefly describe successes or lessons learned.

Character Limit: 750

High-Level Project Goals*

Briefly summarize what success in this proposal would look like for families of children who are deaf or hard of hearing.

Character Limit: 750

S.M.A.R.T. Goals*

Please list up to five **S.M.A.R.T.** goals for your project.

Each goal should be:

- **Specific** – Clearly state what you aim to accomplish.
- **Measurable** – Include how progress will be tracked or success defined. (e.g., “Increase by 25%...”).
- **Achievable** – Ensure the goal is realistic based on capacity, budget, and timeline.
- **Relevant** – Explain how it aligns with the objectives of this RFP.
- **Time-bound** – Include a clear deadline or timeframe. (e.g., “... by October 2027.”)

Character Limit: 2000

Methods: Approach and Activities

Describe the proposed approach and activities for implementing a new project or adapting or expanding an existing one with the goal of introducing or expanding access to pediatric hearing screening and/or diagnostic services by bringing care closer to children and families.

Character Limit: 4000

Evaluation: Measuring Impact*

How will the impact of the proposed project be measured?

Please consider the following:

- What key metrics will be documented and tracked as part of this project?
- How will baseline or pre-intervention data be acquired or collected?

- How will the impact of the project be evaluated or analyzed?

Character Limit: 2000

Risks*

Identify any potential risks, implementation challenges, or concerns, particularly as they relate to your setting or the community you serve.

Please consider the following:

- What are the potential risks associated with this project?
- How will unforeseen risks be managed or addressed?

Character Limit: 1000

Timeline and Deliverables*

Please upload a document outlining key project milestones and anticipated deliverables over the life of the project. For each milestone, indicate the expected timeframe for completion. Include any major deliverables (e.g., annual report to the Foundation).

Note: The timeline and benchmarks should relate to project goals and activities.

File Size Limit: 5 MB

Investment and Sustainability*

Please describe how the project's value will be assessed over time. Include any early thinking about sustainability beyond the grant period.

Character Limit: 1000

Budget

Note on Indirect Costs:

The Oberkotter Foundation may choose to award indirect costs for the completion of this project per its [Indirect Costs Policy \(download here\)](#). Please review this policy carefully before completing your proposed budget.

Organization Type*

Please select the option below that best describes your organization. For more information, please see the Foundation's [Indirect Costs Policy](#).

The entity applying for this grant is a:

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1. Tax-Exempt University, College, Hospital or Health System
2. Other Tax-Exempt Non-Profit Organization
3. Government Agency or Department or Division Thereof (except Category 1 above)
4. For-Profit Organization

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Proposed Budget for Project*

Please provide a complete budget for this project using our Budget Template.

Only budgets submitted using this template will be considered.

File Size Limit: 3 MB

Budget Narrative

Please use the space below to share any additional information or context related to your budget. This may include assumptions, clarifications, or factors that influenced the calculations.

Character Limit: 2000

Other Sources of Funding for this Project

Please list any other sources of funding for this project (if applicable).

Character Limit: 750

Percentage of Project Budget from Oberkötter*

Please indicate the anticipated percentage of the budget for this project (up to 100%) requested from the Oberkötter Foundation.

Character Limit: 6

Personnel

Team Qualifications*

List the key staff associated with carrying out the project. Briefly describe their qualifications and credentials relative to the goal of the project and what their roles will be.

Character Limit: 1500

Staffing

If this project requires personnel not currently on staff, describe the role(s) necessary for this project, required qualifications for candidates, and your plan for recruiting, hiring, onboarding, and training.

Character Limit: 1500

Additional Materials

Letter(s) of Support

If this project is a collaboration between multiple organizations, please upload letters of support from each organization that indicate approval of the proposal and confirmation the role these organizations will play.

Note: Any proposals developed in partnership with multiple organizations must be submitted by a single lead organization. The lead organization will be responsible for managing and disbursing awarded funds and submitting all required reports to the Foundation.

File Size Limit: 5 MB

Other Documents

Attach any other supporting documents related to this application here.

File Size Limit: 2 MB

Time to Complete Application

Please estimate the time (hours) it took to complete this application.

Note: This information will be used internally to continually assess our application process.

Character Limit: 20

Confirmation of Review and Approval*

I confirm that I am authorized to submit this application on behalf of my organization and that the contents of this application are true and accurate to the best of my knowledge.

Choices

Yes

No

Next steps

All qualified applications for this RFP will be reviewed by Foundation staff. Applicants will be informed of decisions by March 2027.