	Absolute Priority:	
	Organization:	
	Project Title:	
	Start Date:	
	End Date:	
Pro	oject Director:	
	Full Name:	
	Address Line 1:	
	Address Line 2:	
	City:	
	State:	
	Zip Code:	
	Telephone:	
	Email Address:	
	Average Time on Project, Year 1 (%):	

Additional Key Personnel (not including project director listed above):

Full Name / Position / Program	Average Time on Project, Year 1 (%)	Email Address
Example: John Smith, Ph.D./Professor/		
Special Education Department	Example: 25.2%	Example:john.smith@UXX.EDU

Briefly describe the purpose and expected outcomes. (100 words or fewer)				
Briefly describe how the project will be designed, managed, and evaluated to address the identified outcomes. (100 words or fewer)				

Deaf-blindness	
☐ Deafness	
Developmental Delay (DD)	
Emotional Disturbance (ED)	
☐ Hearing Impairment	
☐ Intellectual disability	
Multiple disabilities	
Orthopedic impairment	
Other health impairment	
Specific Learning Disability	
☐ Speech or language impairment	
☐ Traumatic brain injury	
☐ Visual impairment, including blindness	
☐ Birth to 3 ☐ Preschool	
at apply):	
☐ Elementary School	
☐ Middle School	
☐ High School	
☐ Postsecondary	
•	
rget content area(s) focused on by the pi	oject (check all that apply):
Assessment	ELs with Disabilities
Behavior	☐ Accessible Educational Materials
☐ Early Childhood	☐ Technology Research and Development
Inclusive Practices	Assistive and Instructional Technology
Instructional Strategies	Transition Services
Literacy	Dropout Prevention
_ STEM	Family Engagement
	Related Services
MTSS	
MTSS Data Collection, Analysis, and Use (373)	Dispute Resolution
Data Collection, Analysis, and Use (373)	•