	Absolute Priority:	Parent Training and Infor	mation Centers
	Organization:		
	Project Title:		
	Start Date:		
	End Date:		
Pro	eject Director:		
	Full Name:		
	Address Line 1:		
	Address Line 2:		
	City:		
	State:		
	Zip Code:		
	Telephone:		
	Email Address:		
	Average Time on Project, Year 1 (%):		
Ad	ditional Key Persor	nnel (not including proje	ct director listed above):
	Full Name		Average Time on Project, Year 1 (%)
		·	

Disability (or disabilities) specifically focused on by the pro	ject:
☐ Unspecified	
☐ Deaf-blindness	
Developmental delay	
☐ Emotional disturbance	
☐ Hearing impairment/Deafness	
☐ Intellectual disability	
☐ Multiple disabilities	
Orthopedic impairment	
Other health impairment	
☐ Specific learning disability	
Speech or language impairment	
☐ Traumatic brain injury	
☐ Visual impairment	
Age group(s) of students with disabilities specifically focus	ed on by the project:
Unspecified☐ Birth to 3	
☐ Preschool	
☐ Elementary School	
☐ Middle School	
☐ High School	
☐ Postsecondary	
Target investment area(s) specifically focused on by the pre-	oject:
Unspecified	
Assessment	
Behavior	
☐ Early childhood	
☐ Early childhood ☐ Inclusive practices	
☐ Inclusive practices	

☐ Unspecified
□ Rural
□ Urban
Briefly describe the purpose and expected outcomes of the project. (100 words or fewer)
Briefly describe how the project's design will:
(a) support the development of services,
(b) how those services will lead to expected outcomes, and
(b) now those services will lead to expected outcomes, and
(c) how the project's performance will be evaluated. (100 words or fewer)