	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)					

Disability (or disabilities) focused on by the	project (check all that apply):				
Autism					
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					
that apply): Birth to 3 Preschool					
☐ Elementary School					
☐ Middle School					
☐ High School					
Postsecondary					
Target content area(s) focused on by the project (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				
MTSS	Related Services				
Data Collection, Analysis, and Use (373)	Dispute Resolution				
Geography focused on by the project (check all that apply):					
Rural	Suburban				