

Project/Program Name**Character Limit: 60***Amount Requested*****Initiative Category***

Select the initiative that aligns with the program or project

Choices

Early Diagnosis
 Education & Employment
 Housing
 Other
 Social Enrichment
 System Navigation
 Transportation

Letter of Intent Parameters*

A Letter of Intent is required if at least one of the following parameters applies. Check all that apply.

Choices

This is the organization's first-time grant request.
 The request is for \$50,000 or more.
 The request is for capital support.
 This is a multi-year request.

Summary of Program/Project*

Upload a one-page outline of the program or project on the organization's letter signed and dated by the Executive Director. Include the following information:

- Requested grant amount.

*File Size Limit: 1 MB***Itemized Budget***

Please upload an itemized total program/project cost.

*File Size Limit: 1 MB***Number of Participants with Disabilities***

How many individuals with disabilities will directly benefit from the program/project?

*Character Limit: 100***Timeline for Program/Project Implementation****Character Limit: 500*