

Project/Program Name*

Character Limit: 60

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 summary of the program/project on the organization's letter signed and dated by the Executive Director. Include the following information:

- Outline of the program/project.
- 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