



REAL Transition Partners Local Initiatives Organization General Information

Applicant organization: _____

Organization address: _____ City, zip: _____

Organization contact person: _____

Title: _____

Phone: _____ E-mail: _____

Instructions

Complete the answers to the following questions and email responses to Nancy Campbell at nsc@parentnetworkwny.org by **January 5, 2024 by 5:00 pm.**

1. Qualification of the organization (300 words)
2. Project description (300 words)
3. Project plan/timeline (300 words)
4. How young people and parents will be involved (200 words)
5. Projected outcomes and evidence of completion (300 words; template attached)
6. Budget and budget narrative





REAL Transition Partners Local Initiatives PROPOSAL COVER SHEET

Organization General Information

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Phone: _____ E-mail: _____

Certifications of the Organization

- My organization is a nonprofit 501c(3) organization (other than an institute of higher education).
- I certify the activities in this project will serve young people with disabilities and/or their parents/families, particularly in underserved communities.
- I understand that we must maintain records on all activities and submit a final report by October 31, 2024.
- I commit to sharing the results of the project with the transition community as requested by REAL Transition Partners.

Submission of this application must be approved by the organization's executive director or person with similar authority.

Executive Director (Print name)

Signature

Date

