

**FY2023 Innovative Bridge and Transitions Grant
Program Cover Page**

Project Overview

Project Name:

Applicant:

Funding Amount Requested:

Targeted Population(s):

Unduplicated Number of Students to be Served:

Geographic Areas/Communities Served:

Proposed Objective (Check Only One):

Objective 1: Adult Education Bridge and Integrated Education and Training Program

Objective 2: Seamless Transitions for College and Career Pathways

Objective 3: Wrap-around Support Services

Objective 4: Seamless Transitions for Students with Disabilities

Provide a short description of your proposed project/initiative. Include how the project aligns to the objectives and goals of the IBT grant program, as well as the specific objectives and goals of the project (300-400 words):

Applicant Overview and Contact Information

Entity Name:

Address:

Brief Description of the Organization

Project Lead (Primary Contact), Title:

Phone:

Email:

Secondary Contact, Title:

Phone:

Email:

Fiscal Contact, Title:

Phone:

Email:

Organization President/CEO:

Phone:

Email:

This application is being submitted on behalf of the above-named institution and, if awarded, we agree to abide by the provisions and guidelines set forth in the application and by the ICCB. Furthermore, the individuals listed in the application are authorized to act on behalf of the institution.

Print Name

Date