

**FY2024 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 ICAPS Programming

Objective 2a: Secondary and Post Secondary Curriculum Alignment

Objective 2b: Dual-Credit Programming

Objective 2c: Pre-Apprenticeship and Apprenticeship Partnerships

Objective 2d: Out-of-School Youth Career Activities

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