

LETTER OF INTENT

Name and Title of Agency Administrator	Name and Title of Project Director
Name of Agency	Address (Include Street, City & Zip)
County Name and Number:	Telephone Number (Include area code)
E-mail address:	Fax Number (Include area code)
Title of Project: RDA TIP Support Grant	Total Amount Applying For: \$ _____
Proposed Project Duration: <u>08/01/2016</u> TO <u>09/30/2017</u> Month, Day, Year Month, Day Year	Application Date: Circle One: <input checked="" type="radio"/> First Year or Continuation
SAM DATE:	Federal Tax ID #: DUNS #:

Signature of Authorized Agency Official

Date

Signature of Project Director

Date

RETURN TO:

**ATTN: Leslie Galloway
 Office of Special Education
 Nebraska Department of Education
 301 Centennial Mall South
 P. O. Box 94987
 Lincoln, NE 68509-4987**