# Local Partnership Agreement Business Engagement

**Sample Letter to Businesses**

(Date)

Dear (Business Name),

The (LPA Name) Local Partnership Agreement (LPA) is committed to streamlining the access to transition services for young adult individuals with intellectual disabilities and developmental disabilities (ID/DD) as they age-out of school and into adult transition programs that prepare them for independent living, community access and work readiness.

The LPA is a collaborative partnership between the (add the names of the LPA core partners). Our goal is to provide our students and adults employment opportunities. To do so, we must partner with businesses and agencies that can make this happen.

As a business that has previously provided our students work experience, or your business consists of job responsibilities we think our client population could fulfill, you are invited to attend our next quarterly meeting.

Employees with disabilities offer tangible benefits, including increased innovation, improved productivity, and a better work environment. We hope that you will accept this invitation to attend the (date) meeting and become interested in joining our partnership in making job opportunities for the transition-age ID/DD adults a reality.

The LPA meets quarterly during the traditional school year, at the (add location and time). Please R.S.V.P. your intent to attend by emailing or calling (add contact info).