

Nevada Department of Health and Human Services
Nevada Governor's Council on Developmental Disabilities

GRANT APPLICATION & BUDGET

1. NAME OF APPLICANT ORGANIZATION: Board of Regents, NSHE, obo University of Nevada Reno
2. EMPLOYER IDENTIFICATION NUMBER: 88-6000024
3. APPLICANT ORGANIZATION ADDRESS: Office of Sponsored Projects 1664 N. Virginia St. Mail Sto
Reno, NV 89557-0325
4. TELEPHONE NUMBER: 775-784-4040 FAX: 775-784-6680
E-MAIL ADDRESS: ospaadmin@unr.edu
5. NAME OF PROPOSED PROJECT: Path to Independence & Employment
6. ADDRESS OF PROPOSED PROJECT: UNR NCED MS 285
Reno, NV 89557
7. NAME OF PROJECT DIRECTOR: Mary Bryant
8. NAME OF GRANTEE AUTHORITY Charlene Hart
9. PROJECT PERIOD BEGINNING: 10/01/17 ENDING: 09/30/18
10. PURPOSE OF PROPOSED PROJECT:
A pilot and research project that: 1.) will provide customized employment services to 5 Path to Independence
IDD and; 2.) will provide research to determine if the current financial reimbursement model used by Vocati
is sufficient to provide job developers and organizations with adequate funds to make customized employme
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11. OUTCOME MEASURES: (detail below , discussed in Project Outline)
Obj 1: 5 students will participate in customized employment activities Obj2: Of the 5 P2I students, minimum
on campus or community paid employment and/or paid/unpaid internships in the areas of employment intere
data system and VR payment records, the NCED will produce a report determining the financial viability and
population data for customized employment.
Outcome 1: In a survey of 5 P2I students, 4 (80%) will indicate that having access to customized employer
increased their ability to find and retain competitive integrated employment Outcome 2: Information from the
future decisions made by VR and other funding agencies intersted in supporting customized employment.

TOTAL AMOUNT OF STATE FUNDS REQUESTED: \$ 20,500

Terms and Conditions: It is understood and agreed by the undersigned that the Grantee will abide by all regulations, policies, and requirements as set forth in the Nevada Governor's Council on Developmental Disabilities Grants Manual Assurances.

Authorized Grantee Signature

Date

EXPENSE

[illegible]

OPERATING COSTS

<u>BUILDING SPACE</u>		
	0	0
<u>TELEPHONE/FAX/TTY/DSL</u>		
<u>POSTAGE</u>		
	0	0
<u>UTILITIES</u>		
	0	0
<u>SUPPLIES</u>		
Portfolio supplies		
	0	0
	0	0

OTHER COSTS

<u>CONTRACT/CONSULTANT SERVICES</u>		
<u>INDIRECT COSTS</u>		
8%		
	0	0

BUDGET SUMMARY

TOTAL EXPENSES	0	0
TOTAL REQUESTED STATE FUNDING		

p 325

ce students with
onal Rehabilitation
nt financially viable.

4 will attain
st Obj 3:Using
break-even

nt services has
NCED will inform

NGCDD FUNDING REQUIRED
12,979
12,979
4,543
4,543
17,522

NGCDD FUNDING REQUIRED
0

0
0
0
1,226
1,226
1,226

1,752
1,752

20,500
20,500