

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

GRANT APPLICATION & BUDGET

1. NAME OF APPLICANT ORGANIZATION: Family Support Council of Douglas County
2. EMPLOYER IDENTIFICATION NUMBER 88-0181824
3. APPLICANT ORGANIZATION ADDRESS 1255 Waterloo Lane
Gardnerville, NV 89410
4. TELEPHONE NUMBER: (775) 782-8692 FAX: (775) 782-1942
E-MAIL ADDRESS: donate@family-support.org
5. NAME OF PROPOSED PROJECT: Integrated Employment
6. ADDRESS OF PROPOSED PROJECT: _____

7. NAME OF PROJECT DIRECTOR: Steve Decker
8. NAME OF GRANTEE AUTHORITY _____
9. PROJECT PERIOD BEGINNING: Oct. 1, 2017 ENDING: Sept. 30, 2018
10. PURPOSE OF PROPOSED PROJECT:
More people with I/DD will have integrated, competitive wage jobs in Nevada.

11. OUTCOME MEASURES: (detail below , discussed in Project Outline)
Consultation, engagement, and collaboration, with I/DD, organizations, and employers. FSC will create a model of employment
that connects a pool of employers with those individuals looking for work that aligns with their interestes, skills, and abilities.
Rather than "job seek" for each I/DD, we aim to create a coalition of employers that are eager to hire people with disabilities.

TOTAL AMOUNT OF STATE FUNDS REQUESTED: 40,000

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

7/26/2017

Date