

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

**GRANT APPLICATION & BUDGET**

1. NAME OF APPLICANT ORGANIZATION: Transition Services, Inc.
2. EMPLOYER IDENTIFICATION NUMBER: 88-0395940
3. APPLICANT ORGANIZATION ADDRESS: 2408 Las Verdes st.  
Las Vegas, NV 89102
4. TELEPHONE NUMBER: 702-383-1106 FAX: \_\_\_\_\_  
E-MAIL ADDRESS: edavis@tsilasvegas. Org
5. NAME OF PROPOSED PROJECT: TSI: Building the Foundation for I/DD Employment
6. ADDRESS OF PROPOSED PROJECT: 2408 Las Verdes St.  
Las Vegas, NV 89102
7. NAME OF PROJECT DIRECTOR: Emily Davis
8. NAME OF GRANTEE AUTHORITY: Sally Rothfuss
9. PROJECT PERIOD BEGINNING: 10/01/17 ENDING: 09/30/18
10. PURPOSE OF PROPOSED PROJECT:

The purpose of this project is to continue the foundation needed to support the emploment nees of people with intellectual and  
developmental disabilities, including the expectations that they should want jobs, developing the skills they will need to get jobs,  
and creating the relationship with key memebbers of the community needed to help them get jobs.

11. OUTCOME MEASURES: (detail below , discussed in Project Outline)

Pre and post comparisons of:

# of people served with i/DD who partiiciated in each activity

# of employers that provided vocational supports to people with I/DD

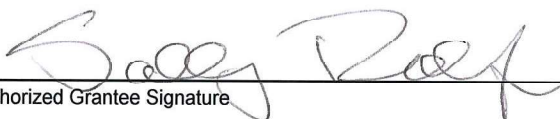
Post-project data :

#of efforts/activities accomlishe to create systematic chage

satisfaction of particpants in program activites

TOTAL AMOUNT OF STATE FUNDS REQUESTED: 15,751

**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.

 10-1-2017  
Authorized Grantee Signature Date