

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: Transportation
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: Transportation for individuals with a disability.

11. OUTCOME MEASURES: (detail below , discussed in Project Outline)
The program expects to demonstrate a viable model for rural transport of individuals with a disability, with ongoing funding
driven by non-medical transportation funds through the Rural Regional Center system.

TOTAL AMOUNT OF STATE FUNDS REQUESTED: 22,000

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

8/16/2017
Date

DD-10 (Rev. 6-2011)