

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

GRANT APPLICATION & BUDGET

1. NAME OF APPLICANT ORGANIZATION: United Cerebral Palsy of Nevada
2. EMPLOYER IDENTIFICATION NUMBER: 88-0064119
3. APPLICANT ORGANIZATION ADDRESS 6100 Neil Road, Suite 201  
Reno, NV 89509
4. TELEPHONE NUMBER: 775-322-6555 FAX: 775-834-5933  
E-MAIL ADDRESS: jhemmenway@ucpnv.org
5. NAME OF PROPOSED PROJECT: Working Progress
6. ADDRESS OF PROPOSED PROJECT: 6100 Neil Road, Suite 201  
Reno, NV 89509
7. NAME OF PROJECT DIRECTOR: Jill Hemenway, Director of Programs and Services
8. NAME OF GRANTEE AUTHORITY Monica Elsbrock, CEO
9. PROJECT PERIOD BEGINNING: 10/01/17 ENDING: 09/30/18
10. PURPOSE OF PROPOSED PROJECT:

The purpose of the project will be to train 90 participants with disabilities on transportation, career exploration and job prep with 5 sessions, in Reno/Sparks, Carson City, Gardnerville and Elko. There will be follow up supports to provide additional resources for career development and competitive employment. The Project Director will train staff in all areas for future implementation of the programs.

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

UCPNV will have 90% of the participants finish the Working Progress program. After the program completion, UCPNV will provide follow up supports to 75% of the participants and. After the follow up supports, participants will be referred to Voyager Employment for pursuing community employment.

TOTAL AMOUNT OF STATE FUNDS REQUESTED: 31,095

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.

Monica Elsbrock Pres/CEO  
Authorized Grantee Signature

7/26/17  
Date

DD-10 (Rev. 6-2011)