

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

GRANT APPLICATION & BUDGET

1. NAME OF APPLICANT ORGANIZATION: Washoe County Health District

2. EMPLOYER IDENTIFICATION NUMBER: 88-6000138

3. APPLICANT ORGANIZATION ADDRESS: PO Box 11130
Reno, NV 89520

4. TELEPHONE NUMBER: 775.326.6042 FAX: 775.328.3764
E-MAIL ADDRESS: cconti@washoecounty.us

5. NAME OF PROPOSED PROJECT: Public Safety & Emergency Responder Awareness Training

6. ADDRESS OF PROPOSED PROJECT: PO Box 11130
Reno, NV 89520

7. NAME OF PROJECT DIRECTOR: Christina Conti

8. NAME OF GRANTEE AUTHORITY: Mr. Kevin Dick, District Health Officer

9. PROJECT PERIOD BEGINNING: 10/01/17 ENDING: 09/30/18

10. PURPOSE OF PROPOSED PROJECT:

The purpose of the project is to develop training materials to be utilized by public safety and emergency responders to increase awareness
of essential resources and skills needed to work with individuals with an I/DD during an emergency response where there is no
imminent threat to the citizen.

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

- 1) Develop a training curriculum to be available for possible adoption and use by Emergency Personnel across the State.
- 2) Develop a 10 minute training video for first responders to be utilized during shift changes.
- 3) Develop a 30 meeting interactive training module for first responders that would include continuing education credits.

TOTAL AMOUNT OF STATE FUNDS REQUESTED: \$ 30,000

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

Date

DD-10 (Rev. 6-2011)