

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

GRANT APPLICATION & BUDGET

1. NAME OF APPLICANT ORGANIZATION: Nevada Aging and Disability Services Division

2. EMPLOYER IDENTIFICATION NUMBER 88-6000022

3. APPLICANT ORGANIZATION ADDRESS 3416 Goni Road, Suite D-132
Carson City, NV 89706

4. TELEPHONE NUMBER: 702-486-3831 FAX: 702-486-3236
E-MAIL ADDRESS: cpasquale@adsd.nv.gov

5. NAME OF PROPOSED PROJECT: Informed Choice through a Person-Centered NWD System 2

6. ADDRESS OF PROPOSED PROJECT: 1860 E. Sahara Ave
Las Vegas, NV 89104

7. NAME OF PROJECT DIRECTOR: Cheyenne Pasquale

8. NAME OF GRANTEE AUTHORITY Jeff Duncan

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

10. PURPOSE OF PROPOSED PROJECT:
Build upon previous grant efforts to strengthen person centered counseling and engage stakeholders to strengthen the
service array offered through Developmental Services including piloting a support needs based assessment for increased
consumer control in services.

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

1. 300 people with I/DD and their families participate in stakeholder engagement activities

2. 50 people with I/DD and their families assessed using SIS.

3.

4. 50 people with I/DD and their families will be educated about their role in person-centered counseling.

TOTAL AMOUNT OF STATE FUNDS REQUESTED: 43,880

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

7-28-17
Date

DD-10 (Rev. 6-2011)

EXPENSE

PERSONNEL COSTS					NON-NGCDD FUNDING (CASH)	NON-NGCDD FUNDING (IN-KIND)	NGCDD FUNDING REQUIRED
<u>SALARIES AND WAGES</u>	<u>Salary</u>	<u>Months</u>	<u>FTE</u>	<u>Total</u>			