

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: jsduncan@adsd.nv.gov

5. NAME OF PROPOSED PROJECT: Go Nevada! Transportation with Choice and Control

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

7. NAME OF PROJECT DIRECTOR: Jeff Duncan

8. NAME OF GRANTEE AUTHORITY Jill Berntson

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

10. PURPOSE OF PROPOSED PROJECT:
ADSD will implement a new transportation option utilizing Uber Central to provide individuals with convenient, affordable transportation.
In addition, we will pilot a transportation voucher option that will give consumer's greater choice and control to meet their
transportation needs.

11. OUTCOME MEASURES: (detail below , discussed in Project Outline)
1. 25 people with I/DD and their families will gain access to transportation.
2. 90% people with I/DD and their families will report increased choice and control over transportation options.

TOTAL AMOUNT OF STATE FUNDS REQUESTED: 38,000

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.

Jill Berntson _____
Authorized Grantee Signature Date

DD-10 (Rev. 6-2011)

EXPENSE

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