

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: igabel@ucpnv.org
5. NAME OF PROPOSED PROJECT: SEARCHing for Progress
6. ADDRESS OF PROPOSED PROJECT: 6100 Neil Road, Suite 201  
Reno, NV 89509
7. NAME OF PROJECT DIRECTOR: Jill Gabel, Director of Programs and Services
8. NAME OF GRANTEE AUTHORITY: Monica Elsbrock, President and CEO
9. PROJECT PERIOD BEGINNING: 10/01/17 ENDING: 09/30/17
10. PURPOSE OF PROPOSED PROJECT: UCPNV proposes to create internships for students with disabilities that have graduated from high school and are exploring different career areas in the community. UCPNV will accomplish this by becoming an affiliate of Project SEARCH, a nationally recognized, best practice organization committed to career exploration for individuals with disabilities. (1) According to the Employment First Initiative, "Employment in the general workforce is the first and preferred outcome in the provision of publicly funded services for all working age citizens with disabilities, regardless of level of disability. The expectation is that people work."
11. OUTCOME MEASURES: (detail below , discussed in Project Outline)  
1. UCPNV will become a recognized Project SEARCH affiliate. 2. Disability Ettiquette, People First and sensitivity trainings will be provided to the host employers to facilitate interns into the work site. 3. Twelve students will enroll in the program with 75% of the program graduates becoming employed.

TOTAL AMOUNT OF STATE FUNDS REQUESTED: 28,128

**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.

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Authorized Grantee Signature

\_\_\_\_\_  
Date

DD-10 (Rev. 6-2011)