

**APPLICATION REPORT**

**Project Name:** Adv a cy4Deaf+  
**Applicant Organization:** NorCal Services for Deaf and Har  
**Awarded Amount:** \$300,000  
**Funding Announcement Name:** m ting Se vi e Ac ess and Equity G ant



**PROJECT SUMMARY**

Statewide Adv a cy4Deaf+: Eight nonprofit Deaf Servi es g anizations will w k together to each hi e an Adv ate4Deaf+ to serve thei espective egions whi h over the state of Calif nia. The Adv a cy4Deaf+ pr ect will provide individualized 1:1 adv a cy and support in the language and ommuni ation used by Deaf+ c nsume s to ensu e that Deaf+ individuals, thei families/guardians and Deaf parents/guardians who have hildren with IDD have ac ess inf mation and servi es available th ough the Regional Centers in the language and ommuni ation they use. This pr ect also in ludes the development of onsumer ights videos in ASL with paid Deaf+ act s statewide vi tual IDD support group meetings in ASL with interpreting in English and other languages and taining f inte p ete s to effe tively inte p et fo Deaf+ individuals.

APPLICANT	TI N	APPLICANT RE P N	ATTACHM NTS
<b>Applicant ligibilit</b>			
<b>Applicant Information</b>			
<b>1. Project Title</b> What is the ect Title?	<b>Applicant Response</b> Adv a cy4Deaf+		
<b>2. Awarded Amount</b>	<b>Applicant Response</b> \$300,000		
<b>3. r anization Type</b> Choose the esponse that best des ibes you g anization.	<b>Applicant Response</b> Community Based O ganization (CBO) 501( )3		
<b>4. Description of rganization/Group</b> vide a bief des ipti n of the g anization group. Explain what experien e you g anization has managing a p et simila to the proposal and state the out omes f that pr ect. You may upload y u br hu e add a website link.	<b>Applicant Response</b> N Cal Servi es f Deaf & Hard of Hearing is applying on behalf of 8 egional Deaf- entered nonprofit g anizations wh ont act with the Department of S ial Servi es to provide Deaf A ess ogram (DA ) servi es f Deaf and Hard of Hearing (DHH) people and thei families in thei espective geographi egions. Governed, di ected and staffed by DHH people, each agen y uses a servi e model that di tates providing di ect servi es in the language ommuni ation mode used by the individual DHH onsumers. Ou Deaf A ess ogram provide the following servi es: adv a cy assistan e, peer ounseling, b devel pment and pla ement, independent living skills inst u tion ommuni ation assistan e, inf mation and refe al, and c mmunity edu ati n. All of ou o ganizati ns have been providing s ial servi es and adv ating f DHH people to have equal ac ess to servi es edu ati n and empl yment fo mo e than 50 years. See <a href="https://www.dss.ag/v/deaf-ac ess">https://www.dss.ag/v/deaf-ac ess</a> .		1
<b>5. Applicant in Good Standing</b> Is the appli ant in good standing with the Calif nia Se eta y of State Calif nia F an hise Tax B ad, and Calif nia Department of Tax and Fee Administrati n? lease upl ad onfi mation letter(s) proof of good standing.	<b>Applicant Response</b> Yes		1
<b>6. Subcontractors in Good Standing</b> A e the appli ant's subcont act s in good standing with the Calif nia Se eta y of State, Calif nia F an hise Tax Board, and Calif nia Department of Tax and Fee Administrati n?	<b>Applicant Response</b> Yes		6
<b>Grant Reapplication Information</b>			
<b>Grant Reapplications n l</b>			
<b>1. Previous Award(s)</b>	<b>Applicant Response</b>		

<p>Did your organization receive DDS grant funding in fiscal year 2019-2020-21? If yes, go to question 2 to complete each column. If not, skip this category and go to category 3.</p>	<p>No</p>									
<p><b>2. Previous Grant Award(s)</b>          Since fiscal year 2019, complete a row for each DDS Service Area and Equity grant your organization was awarded funding.</p>	<p><b>Applicant Response</b></p> <table border="1" data-bbox="483 415 1334 520"> <tr> <td style="background-color: #4F81BD;"></td> <td style="background-color: #4F81BD;"></td> <td style="background-color: #4F81BD;"></td> <td style="background-color: #4F81BD;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>									
<p><b>3. Previous Grant Outcomes</b>          Provide a brief grant summary of your project outcomes for fiscal year 2019-20 and/ or 2020-21.</p>	<p><b>Applicant Response</b>          Not Applicable</p>									
<p><b>4. Project Transition</b>          If awarded, how will you convert the proposed project into the 2021-22 proposed project? Does your proposed project expand or continue your current efforts, if so, how? What activities, measures, or target groups are being added? Provide a summary of the differences and reasons why you are proposing the change.</p>	<p><b>Applicant Response</b>          Not Applicable</p>									
<p><b>General Application</b></p>										
<p><b>Proposal Summary</b></p>										
<p><b>1. Project Type</b>          Choose the project type that best describes your activities from the list below:</p>	<p><b>Applicant Response</b>          Community Center</p>									
<p><b>2. Duration of project</b>          Choose the duration of your project.</p>	<p><b>Applicant Response</b>          12 months</p>									
<p><b>3. Regional Centers</b>          Choose the Regional Center(s) that you project will serve. Check all that apply.</p>	<p><b>Applicant Response</b>          Alta California Regional Center Central Valley Regional Center Far Northern Regional Center          Frank D. Lanterman Regional Center Harbor Regional Center Golden Gate Regional Center          Inland Regional Center Kern Regional Center North Bay Regional Center          North Los Angeles County Regional Center Redwood Coast Regional Center          Regional Center of the East Bay Regional Center of Orange County San Andreas Regional Center          San Diego Regional Center San Gabriel/Imperial Regional Center          South Central Los Angeles Regional Center Tierras Counties Regional Center          Valley Mountain Regional Center Westside Regional Center Eastern Los Angeles Regional Center</p>									
<p><b>4. Counties Served</b></p>	<p><b>Applicant Response</b></p>									

<p>List the county counties you represent proposes to serve. Check all that apply.</p>	<p>Alameda County Alpine County Amador County Butte County Calaveras County Colusa County Contra Costa County Del Norte County El Dorado County Fresno County Glenn County Humboldt County Imperial County Inyo County Kern County Kings County Lake County Lassen County Los Angeles County Madera County Marin County Mariposa County Mendocino County Merced County Modoc County Mono County Monterey County Napa County Nevada County Orange County Placer County Plumas County Riverside County Sacramento County San Benito County San Bernardino County San Diego County San Francisco County San Joaquin County San Luis Obispo County San Mateo County Santa Barbara County Santa Clara County Santa Cruz County Shasta County Sierra County Siskiyou County Solano County Sonoma County Stanislaus County Sutter County Tehama County Trinity County Tulare County Tuolumne County Ventura County Yuba County</p>									
<p><b>5. City of Los Angeles</b> If you represent proposes to serve the City of Los Angeles list the zip codes you represent will serve.</p>	<p><b>Applicant Response</b> Not Applicable</p>									
<p><b>6. Community Based Organizations</b> Will you be working with one or more Community Based Organizations? If so provide the name of the organization and how you will be working together.</p>	<p><b>Applicant Response</b> We will be working with the following organizations who will employ Advocates to provide individualized support to Deaf consumers and families in their respective regions: Greater Los Angeles Agency on Deafness (GLAD) which includes Center on Deafness-Inland Empire (CODIE), Orange County Deaf Equal Access Fundation (OC-DEAF) Trinity GLAD Deaf Community Services of San Diego (DCS) Deaf Counseling Advocacy and Referral Agency (DCARA) and Deaf &amp; Hard of Hearing Service Center (DHHSC).</p>									
<p><b>7. Multiple Organizations</b> Does your project include partnership with one or more organizations either as a co-applicant or subcontract? If "yes" please upload a letter of support from each organization that includes an explanation of their role in the partnership.</p>	<p><b>Applicant Response</b> Yes</p>			4						
<p><b>8. Strategies and Sustainability</b> How will you perpetuate its work after the grant funding has concluded?</p>	<p><b>Applicant Response</b> The need for direct accessible services for Deaf consumers extends beyond this proposal. Our goal is for Deaf individuals to have access to services that are available for VDD consumers who are not DHH in their language and communication and have choices in selecting services that support their individual goals. The benefits of this project that will be sustained are the ASL video(s) which will remain online for continuing viewing and education and outreach materials and continue to be used for information purposes. The VDD support group meetings may be continued based on participants' interest to lead them. In addition training on Lanterman Act will hone our organization's ability to better advocate for Deaf consumers using our Deaf Access Program as a model. N. Cal has a track record of being able to obtain funding and we will pursue funding to expand this project.</p>									
<p><b>1. Ethnic Groups Served</b> Select the ethnicity group(s) the project will serve. For "Indian", "Pacific Islander", "Slavic", "Other" use comment section to list specific groups.</p>	<p><b>Applicant Response</b> African American Cambodian Chinese Filipino Hispanic Hmong Indian (list) Japanese Korean Mien Native American Vietnamese Pacific Islander (list) Slavic (list) Other (list)</p>									
<p>Applicant Comment</p>	<p>This project aims to serve Deaf consumers in all ethnicity groups. Each agency has community organizations that they work with in their respective geographical regions to reach out to various ethnicity groups.</p>									
<p><b>2. Ethnic Group(s), Language(s) and Number of Individuals Served</b> For each ethnicity group, provide the number of individuals you project intends to serve and the related language(s).</p>	<p><b>Applicant Response</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #003366; color: white;"> <th style="width: 30%;">Ethnic Group(s)</th> <th style="width: 30%;">Individuals Served</th> <th style="width: 40%;">Language(s)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Ethnic Group(s)	Individuals Served	Language(s)				
Ethnic Group(s)	Individuals Served	Language(s)								
<p><b>3. Age Group(s) Served</b></p>	<p><b>Applicant Response</b></p>									

APPLICANT QUESTION	APPLICANT RESPONSE	ATTACHMENT
Select all Age Groups the project will serve.	Birth up to Three (Early Start) Three to Five Three to 21 16 to 21 22 and older	
Applicant Comment	Our project will serve Deaf/Lus individuals of all ages including their families and guardians and DHH families whose children have VDD disabilities.	
<b>Project Application</b>		
<b>Project Application</b>		
<p><b>1. Project Summary and Organizational Experience</b></p> <p>Provide a clear and concise project summary that includes a defined target population, catchment area and project design. Specifically describe what your project will accomplish and how it will benefit the community served. In your answer include what experience your organization has working with the target population?</p>	<p><b>Applicant Response</b></p> <p>For this AdvantAgeDeaf+ project, the existing 8 DA regional agencies will provide individualized advocacy and support on requests by Deaf/Lus consumers of all ages and their families/guardians of families with children identified DHH with their disabilities and of Deaf parents who have DHH hearing children eligible for receiving regional services. Each agency serves specific counties in their region; together the agencies serve all 58 counties in California. This project will fund Advocate positions to serve all 8 regions in addition to hiring a project Coordinator. The Advocates will provide individual support as requested specifically for individual Deaf/Lus consumers to ensure they are aware of their rights, have access to services and are able to exercise self-determination. For families with Deaf-plus children, the Advocate will ensure that families access Early Start services and transition to I/E services that address and include their children's language and communication needs. For DHH parents with children eligible for Regional Center services, the Advocate will ensure that DHH parents understand their rights, have access to Regional Center information and receive services for which their children may be eligible. To promote our services to Deaf/Lus individuals and their families, the Advocates will participate in all outreach activities when opportunities are available such as informational presentation at a booth at a school fair. The project Coordinator who oversees the program activities will be responsible for the following: 1) coordination of statewide virtual VDD support group meetings to be conducted in ASL with interpreting in English and any other spoken language requested, 2) production of informational videos that include paid Deaf/Lus activists to help Deaf/Lus consumers know their rights, 3) workshops for ASL interpreters and Deaf interpreters about effective interpreting for Deaf/Lus individuals. The Coordinator will organize trainings as needed for the Advocates and be responsible for data collection and grant reporting. Since Deaf/Lus is under the umbrella of DHH all 8 DA agencies have experience working with Deaf/Lus population through our Deaf Access program services under Department of Social Services such as advocating for a Deaf/Lus consumer to have a Deaf interpreter at their medical appointment and providing IFS/I/E advocacy for families who have children with disabilities. In addition, in NCAL, we operate a day program and a CARF-certified supported employment program for DHH adults who are regional enter consumers. We provide Deaf Caching (Mentor) for families with DHH infants and toddlers to learn ASL at their homes including for families whose DHH children have other disabilities. NCAL's CEO Sheri Fainhauser currently serves on the State Interagency Coordinating Council (ICC).</p>	
<p><b>2. Data and Community Input</b></p> <p>Explain how the target population(s) are underserved using RCOS data and other data as supporting evidence of the disparity. In your answer include how your organization used input from the community and/or target population to design the project?</p>	<p><b>Applicant Response</b></p> <p>RCOS data does not identify regional enter consumers who are DHH, only the number of consumers using American Sign Language (ASL). The number of consumers using ASL does not reflect the number of consumers who are DHH served by regional centers. According to our data that we report to HRSA, we know that over 1,000 infants are identified DHH annually in California of which approximately 20% have developmental disabilities/medical conditions. According to Gallaudet Research Institute, approximately 40% of DHH children have disabilities. There is a dearth of data, statistics and research on this population. The Deaf/Lus population is further underserved by the lack of knowledge and communication access of the current state system serving individuals with developmental disabilities. Assessment to us and intervention used for other disabilities often does not take into account that the person is DHH and the effort may not be appropriate. Even adults identified solely DHH may be found to have disabilities that are undiagnosed or not identified until much later. Disabilities affecting language may be erroneously attributed to being DHH instead of the disability. Early intervention critical for solely DHH children to acquire language applies to Deaf-plus children but is often overlooked/ignored in presence of disabilities that are considered primary. In developing this proposal we consulted with individuals and organizations including Deaf Plus In for their ideas.</p>	
<p><b>3. Uniqueness</b></p> <p>How is the proposed project unique (different from a currently funded grant (e.g., strategies, activities, and objectives) in the proposed regional enter/entertainment area? If the project is similar to a currently funded grant listed on the Department's website, how is the proposed project different?</p>	<p><b>Applicant Response</b></p> <p>Our project is unique in that we are Deaf-entered organizations serving Deaf/Lus consumers of all ages, their families, and Deaf parents with DHH/Hearing-Lus children. We are aware that there are organizations that advocate for and support consumers who have disabilities however, few if any focus on this target population who are Deaf-Lus. As organizations for, by and for DHH people, our staff have lived-experience of being DHH or have experience as DHH family members either as a Parent of DHH child or a Child of Deaf Parent (CODA) to relate with Deaf-Lus consumers. We have readily available on staff people who are fluent in American Sign Language and knowledgeable in communicating with Deaf-plus individuals with diverse communication and language skills. In addition as a statewide project, we can offer virtual support groups to increase the likelihood of families meeting the families whose DHH children have similar disabilities and challenges. All of our organizations offer multiple DHH-specific programs that can supplement any services and support that Deaf-Lus individuals and families are receiving. Such services may include Deaf Caching who go to families' homes to teach sign language, social events for DHH children and adults such as NCAL's annual Silent Sleigh, and bilingual programs. Each organization is familiar with the services in their local communities and how to tap on community resources to assist or support DHH individuals.</p>	
<p><b>4. Improve Equity and Service Access</b></p>	<p><b>Applicant Response</b></p>	

APPLICANT QUESTION	APPLICANT RESPONSE	ATTACHMENT
<p>How will you promote equitable access, and reduce barriers to services for individuals with intellectual and developmental disabilities and their families?</p>	<p>Our project promotes equity and reduces disparities by focusing services on a specific underserved vulnerable population: Individuals with intellectual and developmental disabilities who are DHH. Being DHH means communicating in varying ways including technology and methods. Equity is promoted when Deaf-lus individuals can communicate directly and be understood without a third-party interpreter. Our staff as DHH people innately know to address any communication barriers and ensure that consumers have communication access at their appointments or referrals. Our project activities are informed by project participants. Individuals guide the advocacy and support they want or need. We strongly believe in DHH individuals having information and being empowered to make their own choices and decisions. Involving Deaf-lus adults as paid actors in the videos will shape how we deliver information about their rights as Regional Center consumers. The topics for I/DD support group meetings will be determined led by participants' interests.</p>	
<p><b>5. Support of RC Plan</b></p> <p>How does this project support the RC plan to promote equity and reduce disparities in your proposed treatment area? If you are a RC how does this project support your recommendations and plan to promote equity and reduce disparities in your treatment area? How will you project collaborate with other organizations that serve individuals with intellectual and developmental disabilities and their families?</p>	<p><b>Applicant Response</b></p> <p>Our project supports the Department's priority area to increase access to deaf services and resources by assisting Deaf-lus individuals and their families/guardians to understand their rights and responsibilities and utilize regional center support. Our advocates who are fluent in ASL and have extensive experience communicating with Deaf-lus individuals will serve as a resource to the regional centers in understanding the language and communication needs of Deaf-lus individuals to access services. In our work as Deaf Access Program agencies we regularly collaborate with other organizations to better serve our DHH community. We offer our DHH expertise and work with other organizations that offer expertise and resources that we do not have for individuals we serve. To better serve Deaf Plus individuals and their families, we expect that we will consult with organizations that have knowledge and experiences related to developmental disabilities and in turn we offer our knowledge about communicating with DHH and Deaf-lus people.</p>	
<p><b>6. Project Activities</b></p> <p><b>Note: Before answering this question, applicants must complete the Activities Template located in the middle tab directly above.</b></p> <p>Clearly and specifically state how the schedule of activities demonstrates the steps that the project will take to achieve its stated objective and measures.</p>	<p><b>Applicant Response</b></p> <p>We expect that we will need time to start up the program, with the first 3 months focused on signing agreements, printing new job postings and promoting the program. Community partnerships such as California Hands and Voices, a statewide organization for families with DHH children, will be informed about the projects they can share information and refer families. In the first few months, the project director will train advocates as they are hired by the agencies and develop methods for collecting data for use by all advocates. Advocates are expected to start serving consumers as soon as they are hired and trained. Therefore, it is anticipated that the first I/DD support group meeting would not start until May. Then in July, the project director would be ready to start preparing for the interpreting workshops and video production. The interpreting workshops can be held virtually or spread out at different dates or locations to reach as many interpreters as possible. The video production as we have learned from experience, will take several months up to a year to complete. The video production will require getting bids developing scripts with input from the Deaf Plus community, and finding Deaf Plus actors to be hired for the filming. We are requesting a two-year period because the first year will require time for interested people to learn about our project with advocates specifically supporting Deaf-lus individuals and their families/guardians, and Deaf families of children with I/DD.</p>	
<p><b>7. Project Measures</b></p> <p><b>Before answering this question, applicants must enter performance measures into the Activities Template located in the middle tab directly above.</b></p> <p>Are your proposed measures appropriate to track the project's objective and activities? Explain how your proposed measures provide insight into the effectiveness of the overall design of the project and demonstrate how the impact on the community will be evaluated.</p>	<p><b>Applicant Response</b></p> <p>Our objective is focused on advocacy for access. We have reviewed the standardized measures provided by DDS that we are expected to use. We added an percentage goal based on two of the standardized measures that relate to our objective. This outcome would measure how many consumers receive services and face less barriers as a result of advocacy and support provided by our Advocates. From the I/DD Support Group meetings, the goal is to connect participants to the participants sharing the same experience. Therefore we are adopting a performance measure to gauge how connected participants feel after the group meetings. From the interpreting workshops which are designed to improve interpreters' understanding and confidence in ensuring effective communication when interpreting for Deaf Plus consumers.</p>	
<p><b>8. Budget Template and Narrative</b></p>	<p><b>Applicant Response</b></p>	

APPLICANT QUESTION	APPLICANT RESPONSE	ATTACHMENT
<p><b>Note: Before answering this question, applicants must complete the Budget Template located in the tab directly above.</b></p> <p>In your Budget Template, explain how the proposed budget is consistent with the stated project objective and activities, and clearly and concisely explain how the proposed expenditures support the overall project design and proposed outcomes.</p> <ul style="list-style-type: none"> <li>Budget Template example is located at Attachment C.</li> <li>Budget Details and Restrictions are available <a href="#">here</a>.</li> </ul>	<p>Our proposed budget includes a Project Coordinator to focus on developing and maintaining on the statewide aspect of the program which includes organizing trainings for the advocates setting up statewide virtual VDD support group meetings setting up interpreting workshops collecting data and completing grant reports. The Coordinator will coordinate the production of an ASL video and engage Deaf consumers in this project. The Advocates provide a 1:1 service in their respective regions and promote the program throughout each activity. The Advocates depending on their availability will support statewide activities, the VDD support group meetings and interpreting workshops as needed. The primary cost for direct services are personnel salaries and benefits but also interpreting services to ensure they can serve families and community with the general public who don't use ASL and who speak another language. The cost for ASL interpreting for a one hour meeting range from \$125 - \$500 depending if one or two interpreters are needed for the meeting and if paying the 2-hour minimum as standard practice. The service regions will follow the CDSS DA service region. Each service region will have a fulltime advocate to work directly with consumers and community resources in their localities. One DA organization has provided a letter of support but unable to commit to staffing at this time, the Governor's Office has budgeted for a second advocate to serve this Central California area, in addition. Travel budget is essential for being able to serve our entire region and cost is estimated based on our average employee mileages. Northern California has 4 out of each office in addition to our Sacramento office to provide services personnel can travel to assist consumers in their areas where our offices are located. The primary cost for the virtual VDD support group meetings in addition to personnel time is for accommodating different languages and community participation. Providing captioning and interpreting for virtual group meetings an cost \$1,000 per month for each meeting. As a community that constantly face communication and language barriers, we make every effort to make our meetings accessible. The primary cost for the interpreting workshops will be the cost of consultants qualified to present on this matter. The primary cost for the ASL video(s) on consumer rights will be to pay for the professional production. We based our estimate on cost we are paying for ASL videos for another grant project. The pool of Deaf video producers is small and they are generally most qualified for producing videos using ASL and visual information. The subcontractors included for employing fulltime advocates interpreting, travel and other operating cost and reflect their higher cost of living in SF Bay Area, Los Angeles and San Diego.</p>	
<p><b>9. Budget Costs</b></p> <p>Explain how the proposed budget costs are clearly associated with the project activities and objective and confirm that the budget does not include non-allowable costs or costs funded by the surpluses.</p>	<p><b>Applicant Response</b></p> <p>Personnel hired for this project are fulltime staff positions which include salaries and benefits. Billing is based on hours reported by project personnel on their timesheets. The project coordinator and advocates will for us 100% of their time to carry out all project activities described in this proposal. Benefits costs are calculated at 25.5% of salaries. Our budget narrative provides a description of our benefits costs. As a Deaf service organization primarily employing and serving DHH people accommodations such as ASL interpreting, captioning, and spoken language interpreting represent a significant but critical portion of our budget for our employees to carry out their job duties and for our organization to be inclusive in serving families and general public who do not sign and use other languages. Since we serve a large geographical area and have several out of office offices we have budgeted for travel costs. As state noted, we comply with the state rates for travel costs. Our budget includes cost for professional video production specifically those who are qualified to develop videos using ASL. The budget also includes cost for contracting with the 8 regional organizations to hire advocates to serve their regions. Each organization will submit monthly invoices reflecting actual expenses to Northern California for remittance. The budget does not include non-allowable costs or costs funded by other sources. The administrative/indirect cost which is capped at 15% in the budget narrative lists our administrative expenses and the allocation method used for each expense utilized by the C.A.N. California tracks actual expenditures which are coded per funding source and expenditure amount. Based on this information, a monthly invoice is generated, reflecting grant-related expenses including personnel and operating costs. Monthly invoices reflecting program expenses are prepared by the staff administrator and reviewed by the C.A.</p>	
<p><b>Proposal Certification</b></p> <p><b>Certification</b></p>		
<p><b>1. Confirm Proposal Discussion with RC(s)</b></p> <p>CBOs are required to discuss their proposal with each RC(s) the CBO is intending to serve. If you are a CBO have you discussed your proposal with each RC you are intending to serve?</p>	<p><b>Applicant Response</b></p> <p>Yes</p>	
<p><b>2. RC Contact</b></p> <p>CBOs are required to submit their application on only to the Department and to each RC(s) attachment the CBO is intending to serve. If you are a CBO, state the name(s) of the representative(s) at each RC you have discussed your proposal with.</p>	<p><b>Applicant Response</b></p> <p>We will submit copies of our proposal to each Regional Center by emailing a pdf file of our grant application with objective and budget reports to each RC contact listed in Attachment F with a letter to Department of Developmental Services when we submit this proposal to DDS.</p>	
<p><b>3. Applicant Certification</b></p>	<p><b>Applicant Response</b></p>	

APPLICANT TITLE	APPLICANT RESPONSE	ATTACHMENT
<p>By submitting this application, the Applicant is certifying the truth and accuracy of the proposal. The applicant also certifies that if you have subcontracting organizations, each participating organization has reviewed your project and agrees to their assigned activities, measures and the budget.</p>	<p>Yes</p>	
<p>Applicant Comment</p>	<p>Ali e M Gill</p>	