

## Home and Community-Based Services Funding Survey, FY 2024-25

*Note: Link to online Qualtrics platform will be sent in separate email to regional centers.*

1. Regional Center
2. Fiscal Year Funding  
**FY 24-25**
3. What input was collected to inform the proposed use of HCBS funds?  
*Please list the applicable advisory committees engaged and what input was provided.*
4. Please select the most appropriate category that describes this project:

**Communities of Practice and/or Peer-Led Teams:** Establishing or maintaining local communities-of-practice and/or peer-led teams to engage with providers, individuals served, and families.

**Training:** Conducting trainings/conferences for providers, individuals/families, and community members.

**Tools & Resources:** Developing informational tools, platforms, educational resources, and the like.

**Monitoring & Technical Assistance:** Establishing or continuing teams to work with and monitor service providers in maintaining full compliance.

**Vendor-Specific:** Single, provider-focused projects (site modifications, vehicles, and the like).

### **Other**

5. Please provide a detailed description of the project and its proposed outcomes.
6. Has a provider or contractor been identified for this project?  
**Yes**  
**No**
7. Name of Provider or Contractor.
8. Total dollar amount for this project.