

RSA-704 Part I for IL program for Nevada - H169A140013 FY2014

Subpart I - Administrative Data

Section A - Sources and Amounts of Funds and Resources

Indicate amount received by the DSU as per each funding source. Enter 0 for none.

Item 1 - All Federal Funds Received

(A) Title VII, Ch. 1, Part B	305,350
(B) Title VII, Ch. 1, Part C - For 723 states Only	0
(C) Title VII, Ch. 2	0
(D) Other Federal Funds	0

Item 2 - Other Government Funds

(E) State Government Funds	0
(F) Local Government Funds	0

Item 3 - Private Resources

(G) Fees for Service (program income, etc.)	0
(H) Other resources	0

Item 4 - Total Income

Total income = (A)+(B)+(C)+(D)+(E)+(F)+(G)+(H)	305,350
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Item 5 - Pass-Through Funds

Amount of other funds received as pass through funds to consumers (include funds, received on behalf of consumers, that are subsequently passed on to consumers, e.g., personal assistance services, representative payee funds, Medicaid funds, etc.)	0
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Item 6 - Net Operating Resources

[Total Income (Section 4) minus Pass-Through Funds amount (Section 5) = Net Operating Resources	305,350
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Section B - Distribution of Title VII, Chapter 1, Part B Funds

What Activities were Conducted with Part B Funds?	Expenditures of Part B Funds by DSU Staff	Expenditures for Services Rendered by Grant or Contract
(1) Provided resources to the SILC to carry out its functions	0	37,096
(2) Provided IL services to individuals with significant disabilities	0	259,934
(3) Demonstrated ways to expand and improve IL services	0	0
(4) Supported the general operation of CILs that are in compliance with the standards and assurances set forth in subsections (b) and (c) of section 725 of the Act	0	0
(5) Supported activities to increase capacity to develop approaches or systems for providing IL services	0	0
(6) Conducted studies and analyses, gathered information, developed model policies, and presented findings in order to enhance IL services	0	8,320

(7) Provided training regarding the IL philosophy	0	0
(8) Provided outreach to unserved or underserved populations, including minority groups and urban and rural populations	0	0

Section C - Grants or Contracts Used to Distribute Title VII, Chapter 1, Part B Funds

Name of Grantee or Contractor	Use of Funds (based on the activities listed in Support 1, Section B)	Amount of Part B Funds	Amount of Non-Part B Funds	Consumer Eligibility Determined By DSU or Provider	CSRs Kept With DSU or Provider
Aging & Disability Services Division	B(1), B(2), B(6)	98,249	1,285,035	N/A	N/A
Rebuilding All Goals Efficiently	B(2)	182,975	106,449	N/A	N/A
CARE Chest of Sierra Nevada	B(2)	85,086	44,644	N/A	N/A

Section D - Grants or Contracts for Purposes Other than Providing IL Services or For the General Operation of Centers

Describe the objectives, activities and results for each Part B grant or contract awarded for purposes other than IL services or the general operation of centers.

N/A

Section E - Monitoring Title VII, Chapter 1, Part B Funds

Provide a summary of the program or fiscal review, evaluation and monitoring conducted by the state of any of the grantees/contractors receiving Part B funds during the reporting year.

All grantees undergo a fiscal review by a Certified Public Accountant and by the fiscal staff of the Aging and Disability Services Division, as well programmatic monitoring by an independent evaluator. Individual case evaluations are conducted through case file reviews and in-person client interviews by an independent entity contracted by the DSU.

Section F - Administrative Support Services and Staffing

Item 1 - Administrative Support Services

Describe any administrative support services, including staffing, provided by the DSU to the Part B Program.

Through an inter-local contract with the Aging and Disability Services Division, the DSU funds staff to oversee the provision of IL services and to monitor and report on outcomes. The DSU also provides fiscal processing and financial oversight for all Part B funds expended in Nevada.

Item 2 - Staffing

Enter requested staff information for the DSU and service providers listed in Section C, above (excluding Part C funded CILs)

Type of Staff	Total Number of FTEs	FTEs filled by Individuals with Disabilities
Decision Making	1.00	0.78
Other Staff	5.50	2.00

Section G - For Section 723 States ONLY

Item 1 - Distribution of Part C Funds to Centers

Name of CIL	Amount of Part C Funding Received	Cost of Living Increase?	Excess Funds After Cost of Living Increase?	New Center?	Onsite Compliance Review of Center?
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Item 2 - Administrative Support Services

Describe the administrative support services used by the DSU to administer the Part C program.

N/A

Item 3 - Monitoring and Onsite Compliance Reviews

Provide a summary of the monitoring activities involving Part C centers conducted by the state during the current reporting year, including the onsite reviews of at least 15% of centers receiving Part C funds under section 723. The summary should include, at least, the following:

- centers' level of compliance with the standards and assurances in Section 725 of the Act;
- any adverse actions taken against centers;
- any corrective action plans entered into with centers; and
- exemplary, replicable or model practices for centers.

N/A

Item 4 - Updates or Issues

Provide any updates to the administration of the Part C program by the DSU, if any, including any significant changes in the amount of earmarked funds or any changes in the order of priorities in the distribution of Part C funds. Provide a description of any issues of concern addressed by the DSU in its administration of the Part C program.

N/A

Subpart II - Number and Types of Individuals With Significant Disabilities Receiving Services

Section A - Number of Consumers Served During the Reporting Year

(1) Enter the number of active CSRs carried over from September 30 of the preceding reporting year	427
(2) Enter the number of CSRs started since October 1 of the reporting year	194
(3) Add lines (1) and (2) to get the <i>total number of consumers served</i>	621

Section B - Number of CSRs Closed by September 30 of the Reporting Year

(1) Moved	11
(2) Withdrawn	50
(3) Died	21
(4) Completed all goals set	226
(5) Other	11
(6) Add lines (1) + (2) + (3) + (4) +(5) to get <i>total CSRs closed</i>	319

Section C - Number of CSRs Active on September 30 of the Reporting Year

Indicate the number of CSRs active on September 30th of the reporting year.

Section A(3) [minus] Section (B)(6) = Section C	302
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Section D - IL Plans and Waivers

Indicate the number of consumers in each category below.

(1) Number of consumers who signed a waiver	0
(2) Number of consumers with whom an ILP was developed	621

Section E - Age

Indicate the number of consumers in each category below.

(1) Under 5 years old	3
(2) Ages 5 - 19	51
(3) Ages 20 - 24	15
(4) Ages 25 - 59	196
(5) Age 60 and Older	356
(6) Age unavailable	0

Section F - Sex

Indicate the number of consumers in each category below.

(1) Number of Females served	358
(2) Number of Males served	263

Section G - Race and Ethnicity

Indicate the number of consumers served in each category below. Each consumer may be counted under ONLY ONE of the following categories in the 704 Report, even if the consumer reported more than one race and/or Hispanic/Latino ethnicity).

(1) American Indian or Alaska Native	5
(2) Asian	19
(3) Black or African American	92
(4) Native Hawaiian or Other Pacific Islander	4
(5) White	427
(6) Hispanic/Latino of any race or Hispanic/Latino only	71
(7) Two or more races	0
(8) Race and ethnicity unknown	3

Section H - Disability

Indicate the number of consumers in each category below.

(1) Cognitive	8
(2) Mental/Emotional	2
(3) Physical	356
(4) Hearing	54
(5) Vision	10
(6) Multiple Disabilities	183
(7) Other	8

Subpart III - Individual Services and Achievements Funded through Title VII, Chapter 1, Part B Funds

Section A - Individual Services and Achievements

For the reporting year, indicate in the chart below how many consumers requested and received each of the following IL services. Include all consumers who were provided services during the reporting year through Part B funds, either directly by DSU staff or via grants or contracts with other providers. Do *not* include consumers who were served by any centers that received Part C funds during the reporting year.

Services	Consumers Requesting Services	Consumers Receiving Services
(A) Advocacy/Legal Services	3	2
(B) Assistive Technology	335	210
(C) Children's Services	25	15
(D) Communication Services	61	49
(E) Counseling and Related Services	0	0

(F) Family Services	4	1
(G) Housing, Home Modifications, and Shelter Services	257	159
(H) IL Skills Training and Life Skills Training	14	10
(I) Information and Referral Services	367	225
(J) Mental Restoration Services	0	0
(K) Mobility Training	10	6
(L) Peer Counseling Services	68	48
(M) Personal Assistance Services	4	4
(N) Physical Restoration Services	0	0
(O) Preventive Services	238	154

(P) Prostheses, Orthotics, and Other Appliances	1	0
(Q) Recreational Services	0	0
(R) Rehabilitation Technology Services	99	72
(S) Therapeutic Treatment	1	0
(T) Transportation Services	121	73
(U) Youth/Transition Services	0	0
(V) Vocational Services	2	2
(W) Other Services	1	1

Section B - Increased Independence

Item 1 - Goals Related to Increased Independence in a Significant Life Area

Indicate the number of consumers who set goals related to the following significant life areas, the number whose goals are still in progress, and the number who achieved their goals as a result of the provision of IL services.

Significant Life Area	Goals Set	Goals Achieved	In Progress
(A) Self-Advocacy/Self-Empowerment	0	0	0
(B) Communication	107	47	46
(C) Mobility/Transportation	288	69	139
(D) Community-Based Living	409	153	185
(E) Educational	0	0	0
(F) Vocational	0	0	0

(G) Self-care	540	201	239
(H) Information Access/Technology	34	13	14
(I) Personal Resource Management	0	0	0
(J) Relocation from a Nursing Home or Institution to Community-Based Living	2	1	1
(K) Community/Social Participation	0	0	0
(L) Other	7	1	5

Item 2 - Improved Access To Transportation, Health Care and Assistive Technology

(A) Table

Area	Number of Consumers Requiring Access	Number of Consumers Achieving Access	Number of Consumers Whose Access is in Progress
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(A) Transportation	137	55	32
(B) Health Care Services	1	0	1
(C) Assistive Technology	442	146	243

Note: For most IL services, a consumers access to previously unavailable transportation, health care and assistive technology is documented through his or her CSR. In some instances, consumers may achieve an outcome solely through information and referral (I&R) services. To document these instances as successful outcomes, providers are not required to create CSRs for these consumers but must be able to document that follow-up contacts with these consumers showed access to previously unavailable transportation, health care and assistive technology.

(B) I&R Information

To inform RSA how many service providers engage in I&R follow-up contacts regarding access to transportation, health care services or assistive technology, please indicate the following:

Follow-up contacts with I&R recipients

The service provider **did** engage in follow-up contacts with I&R recipients to document access gained to previously unavailable transportation, health care or assistive technology.

Section C - Additional Information Concerning Individual Services or Achievements

Please provide any additional description or explanation concerning individual services or achievements reported in subpart III, including outstanding success stories and/or major obstacles encountered.

During the year there were 49 Nevadans diverted or transitioned from nursing facility care by the SILS program. Of the 49 there were 8 individuals transitioned into a community setting through services provided in the ILS program at Aging and Disability Services. The ILS program continues to collaborate and coordinate with Nevada's Medicaid FOCIS and Money Follows the Person programs if resources are needed to assist with consumer transitions or diversions.

The ILS program works closely with the states Nevada Assistive Technology Collaborative programs providing AT demonstration, loaner AT for trial, and recycled AT. Whenever possible the program coordinates with consumers to ensure informed choice is possible in the selection of AT. Promoting successful AT selection and lessen abandonment of AT by the individual user.

Consumer survey data shows the following:

95% of consumers rated RAGE & CARE Chest as Excellent or Very Good.

82% had a Lot or Quite a Bit of control.

100% responded that the Government should continue funding.

92% said services made a Positive Impact on their lives.

92% said services improved the quality of life a Lot or Quite a Bit.

81% said their independent improved a Lot or Quite a Bit.

62% said services will help prevent institutionalization a Lot or Quite a Bit.

76% said they use the service provided Daily; 15% use the service weekly.

Subpart IV - Community Activities and Coordination

Section A - Community Activities

Item 1 - Community Activities Table

In the table below, summarize the community activities involving the DSU, SILC and CILs in the Statewide Network of Centers (excluding Part C fund recipients) during the reporting year. For each activity, identify the primary disability issue(s) addressed as well as the type of activity conducted. Indicate the entity(ies) primarily involved and the time spent. Describe the primary objective(s) and outcome(s) for each activity. Add more rows as necessary.

Issue Area	Activity Type	Primary Entity	Hours Spent	Objectives	Outcome(s)
Other	Collaboration/Networking	DSU	60	Improve employment outcomes for people with disabilities	DSU and Vocational Rehabilitation contracted to collaborate on consumer cases where assistive technology is needed for both employment and daily living
Housing	Collaboration/Networking	DSU	15	Create statewide housing registry	A housing registry was developed where rental housing and the accessibility features will be available online

Other	Collaboration/Networking	DSU,CILs	150	Transition individuals from institutional care to the community	The ILS, CILS, and Medicaid FOCIS developed a collaborative process to provide resources to individuals
Other	Collaboration/Networking	DSU	30	The Nevada Disability Advocacy & Law Center provided a forum in which individuals who are blind or visually impaired could voice their concerns to address community needs	Town Hall meetings were hosted throughout the state in partnership with ADSD, DETR and CILs.
Other	Collaboration/Networking	DSU	0	The SILC, DSU, and ADSD worked collaboratively to review and make revisions to the SPIL.	A series of statewide public meetings were held on the SPIL to enable the public input and comments. An amendment to the SPIL is pending RSA approval.

Item 2 - Description of Community Activities

For the community activities mentioned above, provide any additional details such as the role of the DSU, SILC, CIL, and/or consumers, names of any partner organizations and further descriptions of the specific activities, services and benefits.

Section B - Working Relationships Among Various Entities

Describe DSU and SILC activities to maximize the cooperation, coordination, and working relationships among the independent living program, the SILC, and CILs; and the DSU, other state agencies represented on the SILC, other councils that address the needs of specific disability populations and issues, and other public and private entities. Describe the expected or actual outcomes of these activities.

The Aging and Disability Services Division (ADSD) is home to the state councils for Assistive Technology, Statewide Independent Living Council (SILC) and the Commission on Services for Persons with Disabilities (CSPD). As well as the subcommittees to the CSPD for Traumatic Brain Injury, Personal Assistance Services, Communication Services for Persons Who Are Deaf or Hard of Hearing and Persons with Speech Disabilities. Members of the SILC serve on many of these other bodies and their meetings are regularly attended by SILC staff or members of the SILC. The DSU has contracted with the ADSD to provide support to the SILC and to oversee the provision of IL services. This partnership has been a valuable asset in enabling collaboration between the SILC/DSU and a variety of other advisory bodies.

Subpart V - Statewide Independent Living Council (SILC)

Section A - Composition and Appointment

Item 1 - Current SILC Composition

In the chart below, provide the requested information for each SILC member. The category in which the member was appointed can be described, for example, as ex-officio state agency representative, other state agency representative, center representative, person with a disability not employed by a center or state agency, section 121 funded project director, parent of person with a disability, community advocate, other service provider, etc. Include current vacancies, along with the corresponding appointment category for each. Add more rows as necessary.

Name of SILC member	Employed by CIL, State Agency or Neither	Appointment Category	Voting or Non-Voting	Term Start Date	Term End Date
Bennett	Neither	PWD	Voting	12/02/2010	08/30/2016
Bonnie	Center	CIL	Voting	03/22/2012	08/30/2015
Curry	Neither	PWD	Voting	01/30/2013	08/30/2015
Mason	State agency	DSU	Non-voting	08/30/2012	08/30/2014
Zone	Neither	PWD	Voting	01/30/2013	08/30/2015

Item 2 - SILC Composition Requirements

Please provide the information requested in the chart below. Include any current vacancies in a particular appointment category.

(A) How many members are on the SILC?	0
(B) How many members of the SILC are individuals with disabilities not employed by a state agency or a center for independent living?	0
(C) How many members of the SILC are voting members?	0
(D) How many of the voting members of the SILC are individuals with disabilities not employed by a state agency or a center for independent living?	0

Section B - SILC Membership Qualifications

Item 1 - Statewide Representation

Describe how the SILC is composed of members who provide statewide representation.

Nevada's SILC has five (5) members, four(4) are voting members. Three (3) are individuals with disabilities not employed by a state agency or a center for independent living.

Item 2 - Broad Range of Individuals with Disabilities from Diverse Backgrounds

Describe how the SILC members represent a board range of individuals with disabilities from diverse backgrounds.

Area % of State Population; % of Membership

Clark County 72%; Membership 60%

Washoe County 16%; Membership 20%

Balance of State 12%;

Statewide Rep: Membership 20%

Item 3 - Knowledgeable about IL

Describe how SILC members are knowledgeable about centers for independent living and independent living services.

SILC membership continues to miss the broad range as it has historically maintained. Nevada has struggled recruiting membership. The SILC, DSU, CILs, and ADSD are committed to strengthen the SILC membership with a broad range of individuals providing statewide representation.

Section C - SILC Staffing and Support

Item 1 - SILC Staff

Please provide the name and contact information for the SILC executive director. Indicate the number and titles of any other SILC staff, if applicable. Also indicate whether any SILC staff is also a state agency employee.

Lisa Bonie

SILC Chairman

(775) 353-3599

LisaB@nncil.org

Through a contract with the DSU, the state Aging and Disability Services Division provides staff support for the SILC.

Vicki Kemp

(775) 687-0561

vkkemp@adsd.nv.gov

Item 2 - SILC Support

Describe the administrative support services provided by the DSU, if any.

As described above, the DSU has executed an inter-local contract with the Aging and Disability Services Division to administer the IL services program and to support the SILC. This contract mandates that an annual report be provided to the DSU (in addition to this 704 report) outlining the activities of the Aging and Disability Services Division. In turn, the DSU manages the receipt of funds from RSA and the necessary financial reporting. The inter-local contract also provides for a DSU audit of the IL program's files and records; such an audit was conducted in 2014.

Section D - SILC Duties

Item 1 - SILC Duties

Provide a summary of SILC activities conducted during the reporting year related to the SILC's duties listed below.

(A) State Plan Development

Describe any activities related to the joint development of the state plan. Include any activities in preparation for developing the state plan, such as needs assessments, evaluations of consumer satisfaction, hearings and forums.

A series of statewide public meetings were held on the SPIL to enable the public to have input and then comment on the plan. The SILC, DSU, and Aging and Disability Services Division worked collaboratively to review and make revisions to the SPIL. An amendment to the SPIL was developed utilizing data collected through the Statewide IL Services program including services waiting list and prior SPIL objectives. The amended SPIL pending Rehabilitation Services Administration (RSA) approval, provides for clearer objectives to the established goals and adjusts funding to support meeting specific goals.

(B) Monitor, Review and Evaluate the Implementation of the State Plan

Describe any activities related to the monitoring, review and evaluation of the implementation of the state plan.

Nevada's State Plan contains very specific and measurable objectives. Most of these objectives were established with built-in measurement and evaluation components, making the review process more efficient and objective. In addition, all consumer service records are maintained in an electronic environment, allowing access to program performance and client outcomes data.

Service quality is monitored during each year of the plan, when the DSU procures an independent consultant at the direction of the SILC to conduct in-home interviews with most of the consumers served by the program. These interviews tend to be very positive and reflect a high level of service provided to Nevadans with disabilities. The DSU has contracted an independent evaluator for the IL program.

(C) Coordination With Other Disability Councils

Describe the SILC's coordination of activities with the State Rehabilitation Council (SRC) established under section 105, if the state has such a Council, or the commission described in section 101(a)(21)(A), if the state has such a commission, and councils that address the needs of specific disability populations and issues under other Federal law. Please state whether the SILC has at least one representative serving as a member of the SRC and whether the SILC has any members serving on other councils, boards or commissions in the state.

The SILC Chair serves on the Nevada State Rehabilitation Council, Regional Transportation Commission Blue Ribbon Committee, Sierra Nevada Transportation Coalition and the Disability Awareness Coalition. A member of the SILC serves on Nevada's SRC. SILC members also participate on the NV Disability Advocacy & Law Center's board and the Mental Health Planning Advisory Council.

(D) Public Meeting Requirements

Describe how the SILC has ensured that all regularly scheduled meetings and other public hearings and forums hosted by the SILC are open to the public and sufficient advance notice is provided.

Nevada has a very strong public meeting law which requires that every agenda be reviewed by the Attorney General's office before posting, and that sufficient notice be given prior to the meeting. All meeting notices are widely posted and interested parties (non-SILC members) are notified by e-mail of upcoming meetings. Every meeting includes at least two opportunities for open public comment.

Item 2 - Other Activities

Describe any other SILC activities funded by non-Part B funds.

None. Non-Part B funds are used to primarily provide direct services to people in need and also to fund necessary administrative costs.

Section E - Training and Technical Assistance Needs

Please identify the SILC's training and technical assistance needs. The needs identified in this chart will guide the priorities set by RSA for the training and technical assistance provided to CILs and SILCs. For each category, choose up to 10 Priority Needs - Rate items 1-10 with 1 being most important.

Advocacy/Leadship Development

General Overview	
Community/Grassroots Organizing	
Individual Empowerment	
Systems Advocacy	5
Legislative Process	6

Applicable Laws

General overview and promulgation of various disability laws	
Americans with Disabilities Act	

Air-Carrier"s Access Act	
Fair Housing Act	
Individuals with Disabilities Education Improvement Act	
Medicaid/Medicare/PAS/waivers/long-term care	
Rehabilitation Act of 1973, as amended	
Social Security Act	
Workforce Investment Act of 1998	
Ticket to Work and Work Incentives Improvement Act of 1999	
Government Performance Results Act of 1993	

Assistive Technologies

General Overview	
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Data Collecting and Reporting

General Overview	
704 Reports	9
Performance Measures contained in 704 Report	10 - Least important
Dual Reporting Requirements	
Case Service Record Documentation	

Disability Awareness and Information

Specific Issues	
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Evaluation

General Overview	
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CIL Standards and Indicators	7
Community Needs Assessment	3
Consumer Satisfaction Surveys	
Focus Groups	
Outcome Measures	8

Financial: Grant Management

General Overview	
Federal Regulations	
Budgeting	4
Fund Accounting	

Financial: Resource Development

General Overview	
Diversification of Funding Base	
Fee-for-Service Approaches	
For Profit Subsidiaries	
Fund-Raising Events of Statewide Campaigns	
Grant Writing	

Independent Living Philosophy

General Overview	
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Innovative Programs

Best Practices	
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Specific Examples	
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Management Information Systems

Computer Skills	
Software	

Marketing and Public Relations

General Overview	
Presentation/Workshop Skills	
Community Awareness	

Network Strategies

General Overview	
Electronic	

Among CILs & SILCs	
Community Partners	

Program Planning

General Overview of Program Management and Staff Development	
CIL Executive Directorship Skills Building	
Conflict Management and Alternative Dispute Resolution	
First-Line CIL Supervisor Skills Building	
IL Skills Modules	
Peer Mentoring	
Program Design	

Time Management	
Team Building	

Outreach to Unserved/Underserved Populations

General Overview	
Disability	
Minority	
Institutionalized Potential Consumers	
Rural	
Urban	

SILC Roles/Relationship to CILs

General Overview	
Development of State Plan for Independent Living	
Implementation (monitor & review) of SPIL	2
Public Meetings	
Role and Responsibilities of Executive Board	
Role and Responsibilities of General Members	
Collaborations with In-State Stakeholders	

CIL Board of Directors

General Overview	
Roles and Responsibilities	

Policy Development	
Recruiting/Increasing Involvement	

Volunteer Programs

General Overview	
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Option Areas and/or Comments

Subpart VI - SPIL Comparison And Updates

Section A - Comparison of Reporting Year Activities with the SPIL

Item 1 - Progress in Achieving Objectives and Goals

Describe progress made in achieving the objectives and goals outlined in the most recently approved SPIL. Discuss goals achieved and/or in progress as well as barriers encountered.

Mission:

To provide systems and resources at the community level which promote equal opportunity and life choices for people with disabilities, through which they may live independently and exercise choice and control in their lives.

Vision:

People with disabilities will be involved in all levels of policy and decision-making which potentially impact their lives.

People with disabilities will be the ultimate decision-makers in formulating the priorities for their Independent Living plans, with input from case managers and other experts when needed.

Limited resources will be allocated in a way that balances the need to serve as many people as possible, while still providing a basic level of independence to those served.

Goals:

Goal 1

Support a comprehensive Statewide IL Services program. Promoting a philosophy of independent living, by: prioritizing consumer control through the use of independent living service plans among at least 90% of those applying for services; ensuring community integration and achieving diversity among those served through demographic tracking and targeted outreach.

Goal 2

Expand and improve the provision of IL services throughout Nevada by: providing comprehensive IL services to at least 200 people annually; coordinating services to older individuals who are blind; and expanding the availability of Positive Behavioral Supports in Nevada.

Goal 3

Support a statewide network of centers for independent living (CILs), operated by consumer-controlled, cross-disability, nonprofit agencies that are operated within local communities by

individuals with disabilities and that provide an array of IL services, and strengthen this network by: creating a subcommittee to research best practices of other CIL's throughout the nation and develop a statewide survey on Independent Living services being provided and needed.

Goal 4

Support the improvement, expansion and coordination of disability services throughout Nevada by: better coordinating the transitions of children and youth with disabilities from early intervention to school, and from school to adult life; making all disability services more easily and universally accessible. In addition expanding the resources available to blind adults in Nevada and improve the supports available to deaf Nevadans. Establish a collaboration with the Commission on Services for Persons with Disabilities (CSPD) to review Nevada's Strategic Plan for People with Disabilities and the updated review completed 2010 to determine Nevada's next steps to ensure statewide Olmstead compliance.

Objective 1.1

Ensure that independent living services are provided in accordance with an independent living plan mutually developed between the consumer, service provider staff and, if appropriate, with input from a subject-matter expert. Such plans will be developed by at least 90% of those applying for services.

Plan: 90% of individuals seeking services under the Independent Living Services Program will develop an IL Plan. The waiver of plan option will be made available to those desiring a waiver.

Lead Organization: The DSU.

Key Partners: Aging and Disability Services Division (ADSD), which will be responsible for ensuring the necessary case management supports are in place to facilitate the delivery of services.

Resources: IL program policies and procedures, case management data system, trained service personnel, family and community support systems of each consumer.

Time Frame:

9/30/14- at least 90% of those individuals applying between 10/1/13 and 9/30/14 will have developed an IL plan.

Objective met with 100% of individuals applying for services developing and IL plan.

9/30/15- at least 90% of those individuals applying between 10/1/14 and 9/30/15 will have developed an IL plan.

9/30/16- at least 90% of those individuals applying between 10/1/15 and 9/30/16 will have developed an IL plan.

Objective 1.2

Ensure that, to the greatest extent possible, services for people with disabilities are provided in the most integrated setting, by implementing the objectives outlined in Nevada's Olmstead Plan.

Plan: Relevant entities will work cooperatively with Medicaid, the Aging and Disability Services Division, the Commission on Services to People with Disabilities and other entities to spearhead initiatives in the spirit of the Olmstead decision. This work may include nursing facility transition or diversion, the promotion of competitive employment, and the coordination of vocational rehabilitation and independent living services.

Lead Organization: The Aging and Disability Services Division, which is coordinating Olmstead implementation and compliance; and the SILC, which will monitor the progress of Olmstead implementation in Nevada.

Key Partners: Medicaid, the Aging and Disability Services Division, the Health Division, Mental Health and Developmental Services, the DSU, the Department of Education, and the Commission on Services to People with Disabilities.

Resources: The Nevada Strategic Plan for People with Disabilities, Nevada's Olmstead "report card" being published in July 2010, federal funding resources to support nursing facility transition or diversion, the Medicaid FOCIS program and the Southern Nevada Center for Independent Living (SNCIL) nursing facility transition program, State IL dollars, federal Vocational Rehabilitation dollars.

Time Frame:

9/30/14- at least 50 Nevadans will be diverted or transitioned from nursing facility care (at least 25 of the 50 will be transitioned). State agencies serving people with disabilities subject to the Olmstead Decision will begin giving specific consideration to the Olmstead implications of their budgetary recommendations, before advancing them to policymakers.

ILS program provided services to 41 individuals in order to divert them from institutional care. ILS program provided services to 8 individuals in order to transition from institutional care; 3 were collaborations with Medicaid FOCIS & Money Follows the Person. Money Follows the Person and FOCIS reported that 169 people were transitioned from a care facility and 59 people were diverted from a care facility.

9/30/14 - At least 25 Nevadans will receive coordinated services from the Vocational Rehabilitation and Independent Living Services programs, with State Independent Living funds being leveraged to secure additional federal Vocational Rehabilitation dollars.

Within the ILS program case load 28 individuals were identified with either open Vocational Rehabilitation cases or in need of services to gain or maintain employment. There were 15 consumer cases closed during the year with potential for collaboration. Of the closed cases 6

received collaborative funding where services were identified as necessary for both Vocational and IL goals. There are 13 consumer cases with open goals and services pending.

Objective 1.3

Ensure that services to underserved populations are provided at least in proportion to their population in the latest census data.

Plan: Grants to community-based entities will include provisions for targeted outreach to underserved consumers. Grants will be monitored for the proportion of underserved consumers assisted compared to the proportion of those groups reported in the 2010 Nevada Census. The demographic group to be tracked will include: age 18 or under; age 65 or older; African-American; Hispanic-American; Native-American; rural residents; and below poverty.

Lead Organization: The DSU.

Key Partners: Aging and Disability Services Division, which will ensure that SILS staff or grantee partners conduct the necessary outreach to achieve market penetration among the relevant demographic groups; and, public and private agencies that serve targeted populations.

Resources: IL program policies and procedures, case management data system, trained service personnel, community contacts held by those agencies serving targeted populations.

Time Frame: These demographics will be measured at the conclusion of each year and, if a target population is not being adequately reached, an outreach plan will be developed to specifically target that population. Depending on the outcome the SPIL Objective 3.2 this objective may be revised; if the current method of targeting underserved populations is not supported by potential IL survey data.

Census Demographic Percentage vs. Actual during FFY14

Under age 18 - 24.6%; Actual 8%

Over age 65 - 12%; Actual 44%

Hispanic/Latino - 26.5%; Actual 11%

African-American - 8.1%; Actual 15%

Native-American - 1.2%; Actual 0.8%

Rural - 11%; Actual 9%

Below Poverty - 11.9%; Actual 31%

Objective 1.4

In mid-2010, a “report card” was issued outlining Nevada’s progress in complying with the Olmstead Decision. In response to that report, the SILC will present the report card to the Commission on Services for Persons with Disabilities (CSPD) and collaborate with them to ensure that the state Olmstead Plan is implemented.

Plan: The SILC will meet with the CSPD to discuss Nevada’s 2010 Olmstead “report card.” If appropriate, the SILC may also outline strategies and objectives in response to the report and in keeping with the SILC’s federal mission under the Rehabilitation Act.

Lead Organization: The SILC will review the report card and may recommend SPIL amendments, as appropriate.

Key Partners: Aging and Disability Services Division, which will serve as the central coordinator of Olmstead Implementation; and the Commission on Services to People with Disabilities, which provides official Olmstead implementation oversight.

Resources: The Nevada Strategic Plan for People with Disabilities, Nevada’s Olmstead “report card,” other as-yet unidentified resources which may be needed to carry out the recommendations outlined through this process.

Collaborative efforts with ADSD, DETR and the Governor’s Council on Development Disabilities have begun. The group is in the process of updating Nevada’s Olmstead Plan to help with future planning needs.

Objective 2.1

Provide an appropriate, accessible, and affordable network of independent living rehabilitation services throughout Nevada, to at least 200 new individuals annually.

Plan: Provide an adequate number of full-time case managers to assist people with disabilities throughout the State to obtain the services, devices, equipment and modifications they need to maintain their community independence. Case Manager duties will include:

Finding individuals in need of services; assisting them to: file an application, assess needs and plan services; assisting them to locate other resources and gather bids; following the provision of services and evaluating services to assure quality; providing assistive technology or other assessments via outside expertise; advocating on behalf of individuals with disabilities to gain access to services from sources in addition to the Independent Living program; and conducting outreach to targeted populations as needed.

Lead Organization: The DSU.

Key Partners: Aging and Disability Services Division, which will be responsible for securing the necessary State resources to fund the direct services, and for ensuring the necessary case management supports are in place to facilitate the delivery of services.

Resources: IL program policies and procedures, case management data system, trained service personnel, independent experts to conduct assessments, family and community support systems of each consumer. Should State resources prove inadequate to meet this objective, private sector funding will be pursued by ADSD or its nonprofit partners.

Time Frame:

Based upon past outcomes data and reasonably conservative estimates of State funding, over the course of the three year SPIL period, at least 600 people will be served, as follows:

9/30/14 - at least 200 people will have received services in the previous federal fiscal year.

319 consumers had services completed during the federal fiscal year. 194 consumer CSRs were started during the reporting year.

Objective 2.2

Coordinate services to older individuals who are blind through the execution of a cooperative agreement between the DSU's Older-Blind Independent Living Program (OBIL) and the Independent Living Services Program.

Plan: Nevada's Older-Blind program has shown strength and expertise in assessing needs and providing mobility training. The Independent Living program has demonstrated an ability to garner financial resources to fund the assistive technology needs of individuals who are blind. A cooperative agreement will be executed, whereby the two programs will cooperatively serve older-blind individuals during the term of the SPIL, and service levels in the older-blind program will be monitored by the SILC.

Lead Organization: The DSU.

Key Partners: Aging and Disability Services Division, which will be responsible for securing the necessary State resources to fund the direct services, and for ensuring the necessary case management supports are in place to facilitate the delivery of services.

Resources: IL program policies and procedures, Vocational Rehabilitation program policies and procedures, case management data systems, trained service personnel.

Time Frame: The cooperative agreement will be reviewed and amended as needed yearly. Based upon past outcomes data, at least 100 people will be served by the OBIL program and 45 will be jointly served by the OBIL and SILS programs.

9/30/14 The OBIL and SILS program will be jointly serve 15 consumers.

The OBIL and ILS program are in the process of reestablishing the collaboration process to work together when services needed cross over between the two programs. The OBIL program provided services to 346 consumers. No services were provided jointly. The ILS program

provided visual assistive technology to 2 consumers during the year that were 55 or older. The ILS program currently has 3 consumers pending visual assistive technology. There were 43 consumers that reported they are 55/over and with a visual impairment that applied for ILS program for services unrelated to their visual impairment.

Objective 2.3

\$100,000 supported the Positive Behavioral Supports (PBS) and similar services so that individuals with difficult behaviors will be better able to receive services in their local community. Partnering agencies provided 50 training sessions with an overall satisfaction rating of 99%. Technical assistance was provided through PBS in order to develop capacity to provide behavior support that will increase the availability of these services on a resources basis as well as increase the availability of services to the individuals in need of such services.

Plan: Working with service provider agencies, the SILC will monitor the utilization of PBS as it is required in chapter 439 of the Nevada Revised Statutes, and the funding made available to operationalize those statutes. SILC members shall work with agencies and partners in promoting the utilization of PBS and similar services in achievement of this objective. SILC members shall periodically report to the council activities they engaged in to accomplish this objective.

Lead Organization: The SILC.

Key Partners: University of Nevada, Mental Health and Developmental Services, and school districts, which will offer PBS through their programs; and, the Aging and Disability Services Division, which will provide the funding, if available, as suggested by the SILC.

Resources: State general fund appropriation and monetary resources provided by partner agencies in seeking services/training

9/30/14 – monitor throughout the year and then report the amount of general funds distributed through Aging and Disability Services to PBS. Compile and identify those agencies that sought fee based services as well as staff training that was established to assist in providing services to individuals with difficult behaviors. Goal is to maintain the current level of general funds allocated to PBS and establish at least one new provider training and technical assistance project each year.

Objective 3.1

Explore options to add fee-for-service operations to the menu of CIL services.

Plan: CILs in other states have successfully added fee services to their menu of services to supplement their grant and donation funding. The SILC and the CILs will research the other states to identify best practices used by successful CILs and determine if they can be adapted in Nevada.

Lead Organization: The SILC, which may research national best practices and will monitor the progress of the CILs in pursuing fee-for-service options.

Key Partners: NNCIL and SNCIL which will work with technical assistance providers and other CILs, and research and consider fee-for-service opportunities.

Resources: SILC, staff of NNCIL and SNCIL, national technical assistance, other CILs.

The objective of the SILC is to establish a work group comprised of at least one (1) SILC member and representation from both SNCIL and NNCIL; however, this did not take place during this reporting period due to changes within the SILC membership and ADSD staff. The challenge in recruiting new SILC members continues. It seems that the next generation of disability advocates and leaders is not materializing, at least in Nevada. As of January 2013, Nevada's Statewide Independent Living Council (SILC) has two new members representing Clark County and the category of a person with a disability. Relative to the Independent Living (IL) Program, Nevada's Aging and Disability Services Division (ADSD) had staff changes including a new Disability Chief and 50% time allocation of a FTE Social Services Program Specialist to the IL program. These changes spurred the desire to review and refine Nevada's Independent Living (IL) Goals and Objectives to assure the document properly captured the SILC's strong commitment. In November 2013, Nevada SILC Training: An Overview of Effective SILCs was provided to SILC and CIL members, state and grantee IL staff. The training provided a historical perspective, SILC Fundamentals, The SPIL and other useful information to help Nevada become an effective SILC, be a resource to Nevada and how to develop relationships and partnerships.

Objective anticipated to be completed each of the next two years.

Objective 3.2

Explore options to develop a statewide survey on IL services and IL needs.

Plan: SILC will explore surveys completed by other SILCs and CILs. Seek funding resources to complete a statewide survey of Nevada IL consumers, Nevada organizations and agencies. Develop a statewide survey to identify IL services being provided throughout the state by various agencies and organizations; develop a statewide survey for consumers.

Lead Organization: The SILC, NNCIL, SNCIL, and ADSD.

Key Partners: NNCIL, SNCIL, ADSD which will research surveys that have been completed in other states as well as opportunities to implement a survey in Nevada.

Resources: SILC, staff of NNCIL and SNCIL, staff of ADSD.

The objective of the SILC to explore surveys completed by other SILCs and CILs. Seek funding resources to complete a statewide survey of Nevada IL consumers, Nevada organizations and agencies. Develop a statewide survey to identify IL services being provided throughout the state

by various agencies and organizations; develop a statewide survey for consumers did not take place during this reporting period due to changes within the SILC membership and ADSD staff. The challenge in recruiting new SILC members continues. Relative to the Independent Living (IL) Program, Nevada's Aging and Disability Services Division (ADSD) had staff changes including a new Disability Chief and 50% time allocation of a FTE Social Services Program Specialist to the IL program. These changes spurred the desire to review and refine Nevada's Independent Living (IL) Goals and Objectives to assure the document properly captured the SILC's strong commitment, including revising survey methodology. In November 2013, Nevada SILC Training: An Overview of Effective SILCs was provided to SILC and CIL members, state and grantee IL staff. The training provided a historical perspective, SILC Fundamentals, The SPIL and other useful information to help Nevada become an effective SILC, be a resource to Nevada and how to develop relationships and partnerships.

Objective anticipated to be completed each of the next two years.

Objective 4.1

Create opportunities for Independent Living professionals to partner with students in the school transition process from Early Intervention to school, and from school to adult life. Coordination of Independent Living professionals within the school district process wherein Independent Living services becomes an active partner in the identified needs of the individual.

Plan: The SILC and DSU will work with relevant stakeholders to improve the continuum of services for children with disabilities. This will include improving the cooperation of agencies during transitional phases, and ensuring that Independent Living service agencies are an involved partner when looking at all the needs of a child and are making referrals to appropriate resources. This will also include collaboration with relevant stakeholders to offer suggestions to enhance Independent Living services available to serve children with disabilities in creating appropriate outcomes based on global needs.

Lead Organization: The DSU.

Key Partners: Aging and Disability Services Division, which can provide independent living services; school districts statewide, and early intervention programs that create transitional plans and make the necessary service connections to facilitate student outcomes; NNCIL and SNCIL, which can offer peer support, information, referrals and other core services; the Commission on Services to People with Disabilities and the Interagency Transition Advisory Board, can advise the stakeholders and public policymakers regarding the needs of children and youth with disabilities which can facilitate a smooth transition into school; Vocational Rehabilitation in collaboration with school districts, to utilize Third Party Cooperative Agreements in order to providing additional federal funding through certified match resulting in increased services to the student transition population

Resources: Federal and State statutes mandating transition coordination, the research and coordination provided through the Nevada Interagency Transition Advisory Board, designated transition personnel in stakeholder agencies.

Time Frame:

The objective for the SILC to request transition data from relevant agencies for children moving into and out of the school system did not take place during this reporting period due to changes within the SILC membership and ADSD staff. The challenge in recruiting new SILC members continues. It seems that the next generation of disability advocates and leaders is not materializing, at least in Nevada. This includes those who have time designated to fulfill any responsibility they may have as a stakeholder of a particular group. As of January 2013, Nevada's Statewide Independent Living Council (SILC) has two new members representing Clark County and the category of a person with a disability. Relative to the Independent Living (IL) Program, Nevada's Aging and Disability Services Division (ADSD) had staff changes including a new Disability Chief and 50% time allocation of a FTE Social Services Program Specialist to the IL program. These changes spurred the desire to review and refine Nevada's Independent Living (IL) Goals and Objectives to assure the document properly captured the SILC's strong commitment. In November 2013, Nevada SILC Training: An Overview of Effective SILCs was provided to SILC and CIL members, state and grantee IL staff. The training provided a historical prospective, SILC Fundamentals, The SPIL and other useful information to help Nevada become an effective SILC, be a resource to Nevada and how to develop relationships and partnerships.

Objective will be for the SILC to support improvement, expansion and coordination of disability services throughout Nevada.

Objective 4.2

Expand the availability of community-based training and supports for individuals who are blind or visually impaired.

Plan: Working with leaders from the blind community, the DSU will explore opportunities for the expansion of resources for community-based services to serve the independent living needs of people with visual disabilities. Collaboration with the existing efforts in conducting Town Hall Meetings, statewide, by the Vocational Rehabilitation Division and the Nevada State Rehabilitation Council (NSRC) that are inclusive in the state plan approved by the NSRC.

Lead Organization: The DSU.

Key Partners: Aging and Disability Services Division, which has funding to provide needed assistive technology; NNCIL and SNCIL, which can offer peer support, information and referral and other core services; the Commission on Services to People with Disabilities, which can provide systems advocacy; BlindConnect and The Blind Center, which are community-based agencies already serving this demographic; and the Rehabilitation Division collaboration with statewide Town Hall Meetings.

Resources: Existing federal and State funding sources available to help people with visual disabilities, and designated personnel in stakeholder agencies.

The Nevada Disability Advocacy & Law Center provided a forum in which individuals who are blind or visually impaired could voice their concerns to address community needs. Town Hall meetings were hosted throughout the state in partnership with ADSD, DETR and CILs. Five key areas of concern were 1) persistent lack of consumer awareness exists as to what services are available, 2) lack of Orientation and Mobility Training, 3) lack of financial resources for AT devices, 4) Par transit service areas need to be expanded and 5) consumers feel “at risk” as pedestrians on streets and sidewalks.

Objective 4.3

Monitor implementation and use of the accessible housing database to ensure it is functional tool for persons seeking accessible housing.

Plan: Monitor implementation and use of the accessible housing database. If issues present themselves the SILC and ADSD will coordinate a plan for addressing the issues.

Lead Organization: SILC

Key Partners: Aging and Disability Services Division.

Resources: N/A

ADSD has partnered with the Housing Division to work on activities related to affordable and accessible housing. Nevada Revised Statute, specifically NRS 319.143 requires that the Housing Division create and maintain a statewide low-income housing database. The Housing Division has contracted with Socialserve, which has worked with 35 other states to date on housing locator websites. The website is available to anyone looking for rental units in Nevada. Specific information about accessible features is available. All three entities are working to build cross-systems support for special needs populations. ADSD has received its first quarterly report from the housing locator to comply with NRS 319.267. All three entities are currently working on outreach and training with housing owners/developers to ensure they understand the need to comply with these statutes. Additionally, training and access will be expanded across human service organization staff to allow them specific access to this website, which is not available to the general public, as they work with special needs populations to move them into affordable and accessible housing to comply with Olmstead and the provision of quality services that ensure people live in the least restrictive environment – their home. This work is a continuing effort by all three entities. However, this work has included other partners, including Public and Behavioral Health, Welfare, community homeless providers, etc.

Objective 4.4

Expand the availability and use of qualified interpreters in medical and legal settings.

Plan: Working with the Subcommittee on Services for Persons who are Deaf, hard of hearing, or speech disabled, the Aging and Disability Services Division will explore opportunities for the expansion of resources to facilitate the communication needs of Deaf individuals in medical and

legal settings, and when a Certified Deaf Interpreter is needed. Provide support to qualified individuals seeking training and certification to become CDIs if funding is available.

Lead Organization: Aging and Disability Services Division.

Key Partners: Subcommittee on Services for Persons who are Deaf, hard of hearing, or speech disabled, which is responsible for developing the strategic plan and monitoring the progress. Community colleges statewide, which may offer the training; the Registry of Interpreters for the Deaf, which can provide needed accreditation; the Nevada Association of the Deaf, which can provide needed systems advocacy; the Nevada Bar Association, the Administrative Office of the Courts, and the Nevada State Medical Association, which can promote the use of qualified interpreters in their professions.

Resources: State statutes, existing interpreter training programs, and key staff in stakeholder agencies.

ADSD has experienced a setback with Public Utilities Commission (PUC) funding regarding already established activities, and that has taken attention away from expanding activities including resources to facilitate communication needs outside of accessing the telephone system. ADSD has taken steps to improve the occupational regulation of interpreters in the state with the emphasis is on regulation to affect systemic change that would advance the profession and protect Deaf consumers. ADSD and the Subcommittee have worked together to begin drafting a strategic plan for services, including expanding staff resources to perform quality assurance for registered interpreters in all settings, including legal, medical, community and educational. ADSD has worked with the top interpreter referral agencies in the state to ensure that CDI's who are subcontracted through the agencies are appropriately registered with the State. All of these individuals live out of state and travel to Nevada to perform the services. ADSD looks forward to additional staff who can educate State Health and Human Service agencies about working through interpreters, including CDIs. This regulation is of the profession, not necessarily outreach/education/advocacy at a systems or individual level.

Item 2 - SPIL Information Updates

If applicable, describe any changes to the information contained in the SPIL that occurred during the reporting year, including the placement, legal status, membership or autonomy of the SILC; the SILC resource plan, the design of the statewide network of centers; and the DSU administration of the SILS program.

Nevada's Statewide Independent Living Council (SILC) has two new members representing Clark County and the category of a person with a disability. Relative to the Independent Living (IL) Program, Nevada's Aging and Disability Services Division (ADSD) had staff changes including a new Disability Chief and 50% time allocation of a FTE Social Services Program Specialist to the IL program. These changes spurred the desire to review and refine Nevada's Independent Living (IL) Goals and Objectives to assure the document properly captured the SILC's strong commitment. As of November 2014, ADSD is providing 50% FTE Social Services Program Specialist and 25% FTE Administrative Assistant for SILC activities and an

amended SPIL has been submitted to RSA. Nevada's amended SPIL provides for clearer objectives to the established goals and adjusts funding to support meeting specific goals.

Section B - Significant Activities and Accomplishments

If applicable, describe any significant activities and accomplishments achieved by the DSU and SILC not included elsewhere in the report, e.g. brief summaries of innovative practices, improved service delivery to consumers, etc.

See the balance of this report for significant activities and accomplishments.

Section C - Substantial Challenges

If applicable, describe any substantial problems encountered by the DSU and SILC, not included elsewhere in this report, and discuss resolutions/attempted resolutions, e.g., difficulty in outreach efforts; disagreements between the SILC and the DSU; complications recruiting SILC members; complications working with other state agencies or organizations within the state.

There continues to be difficulty in recruiting new SILC members. It seems that the next generation of disability advocates and leaders is not materializing, at least in Nevada. It appears that disability events and advisory bodies now seldom include people under age 40, despite the fact that Nevada has a vibrant Partners in Policymaking program and other initiatives to develop advocates.

Section D - Additional Information

Include any additional information, suggestions, comments or explanations not included elsewhere in the report.

None

Subpart VII - Signatures

Signatures

Please type the names and titles of the DSU directors(s) and SILC chairperson and indicate whether the form has been signed by each of them. Retain the signed copy for your records.

As the authorized signatories we will sign, date and retain in the files of the state agency(ies) and the Statewide Independent Living Council this 704 Report and the separate Certification of Lobbying forms ED-80-0013 (available in MS Word and PDF formats) for the state independent living program (IL Part B)

SILC Chairperson

Name and Title	Lisa Bonie, SILC Chair
	Signed
Date Signed (mm/dd/yyyy)	12/16/2014

DSU Director

Name and Title	Shelley Hendren
	Signed
Date Signed (mm/dd/yyyy)	12/31/2014

DSU Director (Blind Program)

Name and Title	Shelly Hendre, Rehabilitation Director
	Signed
Date Signed (mm/dd/yyyy)	12/31/2014

Official Certification

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Authorized Certifying Official Signature:

/s/ (Shelley Hendren)

Date signed: 12/31/2014

A hard copy of the report has been printed and signed and is retained in the grantees' files and is available upon request. See 2 CFR 200.415.

The signature was recorded by John Rosenlund on 12/31/2014 at 5:48 PM