



**Increasing Access to Information about COVID-19
Vaccines for Individuals with Disabilities**

Instructions: Complete all sections of the application form. Please ensure that all appropriate signatures are included. Upon completion, save and email the application to apply@tcdd.texas.gov by the application deadline. The completed application must be received by TCDD no later than 11:59 p.m. on October 22, 2021.

Part 1: Applicant (Organization) Information

A. Legal Name of Organization:

B. DBA Name (if applicable):

C. Address:

D. Telephone:

Fax:

E. Email Address:

F. Check Type of Organization:

(01) State Agency

(02) Local Government Agency

(03) Private, Non-Profit

(04) Public, Non-Profit

(05) Private, For-Profit

(06) Institution of Higher Education

G. What types of services does your organization provide?

H. What is your organization's mission?

I. Organization's 14-digit State Comptroller Vendor ID:

J. DUNS Number:

K. Website:

Part 2: Project Workplan

A. Describe your proposed project activities that would assist TCDD to develop communication materials and facilitate local outreach strategies, customized for local communities, to provide education and help reduce barriers to vaccinations.

B. Describe your plan for evaluating project outcomes, including key evaluation points that will be analyzed, criteria that will be applied in the evaluation, and the methodology that will be used to assess the effectiveness and success of the project.

Part 3: Project Budget

INSTRUCTIONS: Please provide line item budget information. Please include a short explanation for each item in the budget along with the requested amounts.

Category	TCDD Funds Requested
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Personnel - Salaries	\$
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Personnel - Fringe Benefits	\$
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Personnel - Travel	\$
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Supplies	\$
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Equipment	\$
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Contractual	\$
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Other Costs	\$
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TOTAL:	\$
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Part 4: Statutory/Program Assurances

In order to apply for a TCDD stipend to for translation/interpretation services, applicant organizations must read and agree to the [TCDD Assurances](#) in the application packet.

Certification Statement

The grantee hereby assures and certifies that it will comply with all guidelines and requirements with respect to this grant project as specified by:

- The Developmental Disabilities Assistance and Bill of Rights Act. (DD Act) of 2000 (P.L- 106- 402), and
- The Texas Council for Developmental Disabilities, as outlined in the TCDD Grants Manual, federal regulations in Title 45 CFR Part 75, and other relevant cost principles.

If granted funds under this funding program, I certify that I have read and accept all assurances and certifications and do hereby certify, warrant, and confirm that compliance with the assurances will be maintained.

Name of Agency Authorizing Official:

Title:

Signature of Authorizing Official:

Date: