

MINI-GRANT APPLICATION

PROVIDER AGENCY CHARTING THE LIFECOURSE TRAINING

One Application per Agency Provider even when there are multiple locations

Background

DHHS is offering funding for providers via mini-grants to purchase *Charting the LifeCourse* (CtLC) Training. The grants will support agency providers to expand their capacity and understanding of CtLC and to provide person-centered services and will provide the opportunity for individuals and families to participate in the training to further their understanding and capacity around Person Centered Planning. The one-time grant may be used to cover the costs of virtual or in-person training necessary to build capacity and understanding of CtLC and person-centered planning among agency staff.

Agencies may request up to \$110 per employee trained in a foundational skills workshop lasting at least 8 hours or up to \$650 for one "Ambassador" model program lasting at least 9 hours. Agencies may only request the training cost and are expected to cover employee participation costs. Agencies will submit evidence of purchase and grant payments will be made post payment.

These payments can be used to issue one-time provider training grants for Medicaid-enrolled Home and Community-Based Services (HCBS) agency providers of waiver programs (Aged and Disabled Waiver, DD Adult Day Waiver, Comprehensive DD Waiver, and Traumatic Brain Injury Waiver) to purchase Charting the LifeCourse (CtLC) training for provider staff, participants, and their families and/or guardians.

Disclaimer: It is possible not all applicants will be approved or approved for the full amounts, due to a finite amount of money available.

Application Information	
Agency:	Date:
Agency Contact:	Phone:
Address:	Email:

Proposed Training Dates:		
Name and Position of Participant(s):		
Budget Request:		
Foundation Skills participants: \$110 x	_ (# of participants) = \$	
Ambassador (limit one): \$650 x 1 =		
The total amount available for the mini-grants is limited days. The requested amount may be limited due to avail submit receipts of purchase prior to payments.	• •	
Signature:	Date:	

Submit the application and receipts electronically to: dhhs.ddproviderrelations@nebraska.gov