

## Engage for Change | local Application

Your city or area:					
Check the best description of your area: Ur	ban 🗌 Rural	Small Tov	wn Suburban		
This application requires a team of at least three relationship with organizations and programs it to work on this project, with prior approval from influence the quality of your application. The first	n your area. Some a n their employers, w	pplicants may hile some will	be using work time not. This does not		
FIRST APPLICANT					
Name:	Email:				
Role in community:			□No		
Brief bio:					
SECOND APPLICANT  Name:	Email:				
Role in community:	Using work time?	Yes	□No		
Brief bio:					
THIRD APPLICANT					
Name:	Email:				
Role in community:	Using work time?		□No		
Brief bio:					

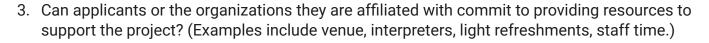
## **LOCAL COMMUNITY**

1.	Please describe yo	our local commun	ity and how this appli	cation would benefit th	ne community.
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2. What types of services and programs serve deaf individuals in your community? What services and programs are not available? (Examples include community programs, educational institutions, vocational rehabilitation programs, and workplaces.)



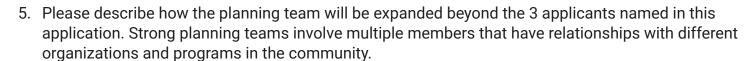
## **COMMUNITY PLANNING TEAM**



4. Please describe how the planning team is prepared to commit time to this project. For this to be successful, some time commitment is necessary.



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6. Tell us about your planning team's willingness to commit to planning follow-up activities to improve postsecondary outcomes for deaf individuals. NDC will provide logistics support, online platforms, and needed resources, but each team needs to be willing to do the on-the-ground work!

Thank you for completing this application!

If you have any questions, e-mail Diego Guerra at diego@nationaldeafcenter.org.







