TEXAS Health and Human Services

Form 3925
May 2017-E

Office for Deaf and Hard of Hearing Services (DHHS)

Special Needs Funds Request for Communication Access Services

Complete and return this form at least 30 days before the date service is requested. Each request is subject to the approval of the Office for Deaf and Hard of Hearing Services and is evaluated according to priorities set by the agency. Acknowledging DHHS on event materials is required for approval of funds.

Event Information

Name of organization requesting funds:	Event name:
Date(s) of event:	Location of event:

Contact Information

Name of person requesting funds:		Federal Tax ID Number or State Vendor ID Number:		
Is organization a nonprofit? ☐ Yes ☐ No				
Mailing address:		City:	State:	ZIP code:
Phone number:	Alternative number:	Email address:		

Services Request

Type of service needed: ☐ CART Services ☐ Interpreting Services

	CART Services	Interpreting Services	Total
Date service is needed			
Number of persons anticipated to use requested services			
Total number of persons anticipated to attend event			
Number of hours service is requested			
Funds requested	$	$	$

Event Details

Describe event and purpose of funds:

If funds are provided, what are the benefits to the state?

From what other funding sources have funds been requested?

Are services for persons who cannot benefit from assistive listening devices? ☐ Yes ☐ No

Is this an ongoing event? ☐ Yes ☐ No

Intended audience:

Cost per participant to attend the event:

Applicant Agreement

I attest that all information is true and understand that

- I must submit an invoice on **organizational letterhead** for services approved under this application, postmarked within 60 days from the last day of the event in order to receive funds; and
- if I do not submit an invoice for funds within 60 days, I will no longer be eligible to receive the funds approved.

Signature: **X**	Date

For DHHS Office Use Only

☐ Approved	Amount of funds approved: $
☐ Not approved	Reason:

Signature: **X**	Date

Event number: