

SILC Strategic Planning Funding Organizational Recipient Follow Up Report

Recipient Name: _____

Recipient Address: _____

Daytime Telephone Number: _____

Check one of the following:

_____ We are a center for independent living (CIL), which provides independent living (IL) services for all persons with disabilities.

_____ We are a disability related organization, other than a CIL, which provides independent living services for all persons with disabilities.

_____ Other/Please Identify: _____

Title of Project/Event: _____

This project/event falls under the following Priority Area(s):

_____ Provide IL services to individuals with significant disabilities, particularly those in unserved areas of the State;

_____ Demonstrate ways to expand and improve IL services;

_____ Support activities to increase capacities of public of nonprofit agencies and organizations and other entities to develop comprehensive approaches or systems for providing IL services;

_____ Conduct studies and analysis, gather information, develop model policies and procedures, and present information, approaches, strategies, findings, conclusions and recommendations to Federal, State and local policymakers in order to enhance IL services for individuals with disabilities;

_____ Train individuals with disabilities and individuals providing services to individuals with disabilities and other persons regarding the independent living philosophy;

_____ Provide outreach to populations that are unserved or underserved by programs under this title (Rehabilitation Act, as amended), including minority groups and urban and rural populations.

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What was the goal or objective of the project/event? Was the goal/objective met, please provide a brief explanation of how goal/objectives were met.

Participants/Attendees: How many attendees were individuals with significant disabilities, individuals providing services to individuals with disabilities, or others, if known?

_____ Number of Persons with significant disabilities
_____ Number of Individuals providing services to individuals with disabilities
_____ Number of Other Attendees
Attendees included (i.e., employers, teachers, business owners): _____

The SILC's State Plan for Independent Living outlines three goal areas for Fiscal Years 2021 – 2023.

- 1) Increase awareness of independent living services in South Dakota;
- 2) Ensure people with disabilities residing in South Dakota have access to IL services; and
- 3) SILC and CILs will identify systemic issues with housing and transportation.

Did the project or event impact any of the three goal areas? If so, please provide a brief explanation.

By signing below, I/we verify that the information provided is accurate to the best of my knowledge.

Signature: _____ Date: _____