

**Redwood Coast Regional Center ABX2-1 Equity Proposal Grant 2017/18  
Service Provider Incentive Project Application Form**

Name of Provider			
Name of Contact Person			
Type of Service/Vendor Number and Service Code		Date	
Contact Information/phone/email			

**Number of Individuals supported by RCRC and served by provider, based on Primary Language/culture of Client/Family & the number of Bi-lingual/Bi-cultural staff**

<b>Before August 1,2018</b>		<b>Currently (Based on date of application)</b>	
Spanish Language		Spanish Language	
Culture of Client/Family		Culture of Client/Family	
# of Bi-lingual/Bi-cultural staff		# of Bi-lingual/Bi-cultural staff	

**New Bi-Lingual/ Bi-Cultural Employee #1**

Name		Date of Hire	
Position Title		Work Hours/Week	
Bi-Cultural/ Bi-Lingual in		# of RCRC Individuals Served	

Additional Information

**New Bi-Lingual/Bi-Cultural Employee #2**

Name		Date of Hire	
Position Title		Work Hours/Week	
Bi-Cultural/ Bi-Lingual in		# of RCRC Individuals Served	

Additional Information