

Translation and Interpretation Services

Stipend Request Form

Texas organizations can apply for grants to support translation and interpretation services to reduce linguistic barriers among individuals with developmental disabilities and families to access services and supports in Texas. For more information, please go to the [Funding Available](#) page of the Grants section of the TCDD website.

Instructions: Complete all sections of the application form. Please review the instructions in the Appendix prior to completing this form.



Part 1: Applicant (Organization) Information

A. Legal Name of Organization:

B. DBA Name (if applicable) :

C. Address:

D. Telephone:

E. Email Address:

F. Check Type of Organization:

(01 State Agency 02 Local Government Agency

03 Private, Non-Profit 04 Public, Non-Profit

05 Private, For-Profit 06 Institution of Higher Education

G. What types of services does your organization provide?

H. What is your organization's mission?

I. Organization's 14-digit State Comptroller Vendor ID:



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DISABILITIES**

**J. Organizations Unique Entity Identification (UEI) (12-Digit Alphanumeric)
Number (this is NOT your DUNS number:**

**K. If you are a state agency, college, or university please provide your six-digit
Recurring Transaction Index (RTI Number:**

L. Website:



Part 2: Translation/Interpretation Information

A. Title of Event or Material to be Translated:

B. Description of Event or Material to be Translated (1-3 sentences):

*Note: If applicable, a copy of the material to be translated must be attached to application

C. Language(s) of translation or interpretation needed:

D. What city, county in Texas will the translation be provided:

E. How will the event or material be promoted among groups who speak that language?

F. Date when translation will be completed:



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G. Translator/Interpreter Information

Name of Individual(s)/Organization to provide translation or interpretation:

*Note Evidence that the individual(s) is(are) certified to provide translation/interpretation services must be attached to application

H. Contact Person for Stipend related administration and payment:

Title:

Telephone:

Address:

Email Address:



Part 3: Stipend Funding Request

A. Estimated cost for translation of material or interpretation:

B. Total TCDD funds requested (maximum stipend amount \$3000):

*Note: A copy of the material and a detailed quote for the cost of services must be attached to application.



Part 4: Terms and Conditions

- Organizations that receive funds will be responsible for complying with all federal assurances, rules, and procedures of TCDD.
- Requests for Reimbursements must be submitted within 30 days of the completion of the translation or interpretation service.
- A final activity report summarizing the translation activities, outreach strategies to include underserved groups, and benefits to individuals with developmental disabilities and their families, must be submitted within 30 days after the translation or interpretation is completed. Reimbursements will not be processed until the final report is submitted.
- No matching funds are required for this stipend. Funds are limited to \$3,000 per organization per state fiscal year (Sept. 1 to Aug. 31). Multiple applications from an organization may be considered until this maximum is reached.
- Payments are made based on reimbursement after the event is conducted. Documentation and receipts will be required for all expenditures.
- Organizations must submit their translated materials to TCDD for reporting purposes. TCDD will not distribute these materials publicly.



Part 5: Certification Statement

Certification Statement

The grantee hereby assures and certifies that it will comply with all guidelines and requirements with respect to this grant project as specified by:

- The *Developmental Disabilities Assistance and Bill of Rights Act. (DD Act) of 2000 (P.L- 106- 402)*, and
- The Texas Council for Developmental Disabilities, as outlined in the TCDD *Grants Manual*, federal regulations in *Title 45 CFR Part 75*, and other relevant cost principles.

If granted funds under the *Developmental Disabilities Assistance and Bill of Rights Act, (DD Act) of 2000 (P.L- 106-402)*, I certify that I have read and accept all assurances and certifications and do hereby certify, warrant, and confirm that compliance with the assurances will be maintained.

Agency Authorizing Official:

Title:

Date:

Signature of Authorizing Official:



Required Attachments

- If applicable, a copy of the material to be translated
- If applicable, evidence that the individual(s) or entities is(are) certified to provide translation/interpretation services
- Detailed quote for the cost of services
- Please use the following instructions to complete the stipend request form:

PART 1: Applicant (Organization) Information

A. – L. Provide information about the applicant organization as indicated.

PART 2: Translation/Interpretation Information

A. - D: Provide information about the translation activities as indicated. For who and what purpose will the information be translated? **If applicable, a copy of the material to be translated must be attached to application.**

E. Translator/Interpreter Information: If it is a resource that will be translated, provide the name(s) of the individual(s) and/or organization that will provide the service. Please attach evidence related to the lack of access to other translation services. Justification should also be provided that the individual or entity is certified to provide translation/interpretation services.

PART 3: Stipend Amount Request

Enter the estimated cost for translation of material. A detailed quote for services must be attached to application.

PART 4: Terms and Conditions

This section describes terms and conditions of the stipend. By accepting the stipend, the applicant agrees to comply with these terms and conditions.

PART 5: Certification Statement

By signing the certification statement, the applicant acknowledges to comply with all federal guidelines and rules. Applicants will review and sign a complete list of assurances in the award packet if selected.