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| **STATE USE ONLY** | **EXHIBIT D** |
| Subgrant Number |  |
| Project Number |  |
| Initial Plan |  |
| Modification Date |  |

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| **Applicant Name** |  |

*Applicants must clearly demonstrate that their services meet the following criteria:*

* *Provide comprehensive job development and placement services for deaf and hard of hearing.*
* *Provide interpreter assistance and communication services to program participants for all activities, including Unemployment Insurance claim filing functions.*
* *Provide outreach, recruitment and community education activities through the use of flyers, brochures, announcements, and Deaf Awareness presentations and workshops.*

*Provide information and data below that demonstrate that the services meet the criteria as defined above. Include data sources.*