**V. Participation Requirements and Assurances (Responsibilities)**

As a condition of receiving the various benefits afforded to ODEP from State Appropriations for Employment First in FY 2019, the (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ insert lead agency name) agrees to assure the following requirements:

1. We will establish and commit to create an interagency ‘Seamless Transition to Employment for Students with Disabilities Implementation Team,’ that includes:

a. Key decision-makers from each of the partners whose participation is critical to the successful accomplishment of the technical assistance & training plans;

b. Identification of the point-of-contact from one of the county/area partner agencies who will assume responsibility on behalf of the team to lead the team’s efforts in the EFSLMP Seamless Transition Process and serve as the liaison between the local team, the lead State agency (DD Council), and the subject matter expert team (TransCen, MRS, BSBP, OSE);

c. Representation from at least four county/local agencies (including education, I/DD adult services, vocational rehabilitation and a community rehabilitation provider) in the ‘Seamless Transition to Employment for Students with Disabilities Implementation Team’;

d. Inclusion of any other entities (government, private, or nonprofit) that should be included in the implementation team.

2. We will participate in the required team trainings and conference calls.

3. We will develop a proposed plan that anticipates the effective implementation of our team’s Seamless Transition objectives. It will contain letters of commitment from each county/local partner, and will coordinate services/supports and resources to support selected students during their transition from school to work.

4. We will have one-hundred percent (100%) participation in all team activities, which will consist of a minimum of:

a. Two onsite meetings with the content experts.

b. A monthly virtual consult/discussion among the local team members

c. A monthly working group phone call on topics of relevance to all participating sites in the state.

d. Other additional calls or meetings as needed to complete anticipated policy outputs/milestones.

5. In a timely manner, we will complete all administrative requirements, including:

Submitting Quarterly progress reports (template to be provided later) according to the reporting schedule (quarterly reports due 6-30-19, 10-1-19, 1-15-20, 3-30-20, and Evaluation June 2020.

**Name of Team Contact and title**

The key point-of-contact in one local agency that will assume responsibilities on behalf of the agency to lead the agency’s efforts in the EFSLMP and also serve as a liaison between the local team, and the lead agency (DD Council), and the subject matter experts is:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Title, Organization

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address and Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **TEAM REPRESENTATIVES**

The following agency representatives will be participating in Seamless Transition to Employment for Students with Disabilities Pilot (provide name, organization, title, e-mail, phone) beginning in March 2019 and ending in September 2020.

**Intermediate School District:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Title, Organization

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address and Phone

**Michigan Rehabilitation Services:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Title, Organization

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address and Phone

**Bureau of Services for Blind Persons:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Title, Organization

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address and Phone

**PIHP or CMH:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Title, Organization

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address and Phone

**Community Rehabilitation Provider:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Title, Organization

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address and Phone

**Other:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Title, Organization

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address and Phone

ACKNOWLEDGEMENT by Team Contact

Date:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: