

**APPLICATION FOR COSPONSORSHIP FUNDS
TRAINING CONFERENCES FFY 2010**

AGENCY/ORGANIZATION/COMMITTEE/COALITION NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

PHONE: (_____) _____ **EMAIL:** _____

CONFERENCE TITLE: _____

DATE/LOCATION: _____

PLEASE NOTE: Date of event must be no later than September 1, 2010

NUMBER OF EXPECTED PARTICIPANTS: _____

IS THE APPLICANT –

The sole or primary conference sponsor? Sole ___ Primary ___

If the primary sponsor, name all other sponsors _____

A committee, coalition, or group? Yes ___ No ___

If yes, name all other members _____

PLEASE NOTE: An agency/organization or individual that is partnering with a primary sponsor, or an agency /organization or individual that is a member of a committee, coalition or other group that is an applicant is NOT eligible to also apply for cosponsorship funds due to the limited dollars available.

If a Fiscal Agent handles funds and/or signs contracts on your behalf, please complete this section:

FISCAL AGENT NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

PHONE: (_____) _____ **FAX:** (_____) _____

PLEASE NOTE: Any requests for the national Self Advocates Becoming Empowered (SABE) Conference that will be held in September 2010 in Kansas City must be directed to Advocating Change Together, Inc. – **Voice:** (651) 641-0297 or **Email:** act@selfadvocacy.org.

These requests will not be considered for this competition.

<OVER>

1. **What specific knowledge and/or leadership skills training** will be provided to participants at this conference?

2. **How** will the knowledge and/or leadership skills training provided at this conference help participants and/or contribute to their increased **independence, productivity, self determination, integration and inclusion** in the community as stated in the Developmental Disabilities Assistance and Bill of Rights Act (DD Act)? **Please see attached definitions.**

3. Cosponsorship funds (**maximum of \$2,000**) can be used for **speaker expenses and/or scholarships** for people with developmental disabilities or family members who need financial assistance so they can participate.

SPEAKER EXPENSES

Are requested funds for speaker expenses? Yes _____ No _____

If yes, please identify speaker(s),topic(s) each will address, and funds for each:

- Name: _____ \$ _____
Topic: _____

- Name: _____ \$ _____
Topic: _____

- Name: _____ \$ _____
Topic: _____

SCHOLARSHIPS

Are requested funds for scholarships? Yes _____ No _____

If yes, please note: A scholarship is an award or grant of dollars to offset, in whole or in part, the costs associated with attending/participating in a training/learning opportunity.

Is there a registration fee for this conference? Yes ____ No ____

If yes, scholarship funds may be used to offset that registration fee for individuals with developmental disabilities or families who could not otherwise attend without some financial assistance.

If yes, please note the dollar amount requested \$ _____ for scholarships for _____ (number) of participants.

The applicant is responsible for determining eligibility criteria for scholarships and having a scholarship application process in place.

4. **Total funds requested = \$ _____.**

PLEASE only request the amount of funds that you are sure you will need to help finance your conference. This includes a reasonable expectation of the number of conference attendees based on marketing and recruitment efforts, and early registration.

**Application deadline:
No later than 3:00 p.m. on Friday, January 15, 2010.**

For questions or further information:

Mary Jo Nichols, Grants Administrator
Governor's Council on Developmental Disabilities
370 Centennial Office Building, 658 Cedar Street
St. Paul, Minnesota 55155
(651) 282-2899 voice (877) 348-0505 toll free
(800) 627-3529– Minnesota Relay Service OR 711
Email: admin.dd@state.mn.us

THANK YOU!

PLEASE NOTE: Refer to these definitions when answering Question #2:

INDEPENDENCE The extent to which individuals with developmental disabilities exert control and choice over their own lives.

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PRODUCTIVITY

Engagement in income-producing work that is measured by increased income, improved employment status, or job advancement; or

Engagement in work that contributes to a household or community.

SELF DETERMINATION

The freedom to choose how, where, and with whom to live; freely created relationships; contributing to the community in a meaningful way;

Taking responsibility for personal decisions and actions; making decisions about financial resources, needed supports, and hiring/evaluating direct care providers;

Dignity and respect of and for people with disabilities;

Whatever it takes to remove system barriers, achieve what may seem impossible, and do no harm.

INTEGRATION AND INCLUSION

The use by individuals with developmental disabilities of the same community resources that are used by and available to other citizens;

Living in homes close to community resources, with regular contact with citizens without disabilities in their communities;

The full and active participation by individuals with developmental disabilities in the same community activities and types of employment as citizens without disabilities, and utilization of the same community resources as citizens without disabilities, living, learning, working, and enjoying life in regular contact with citizens without disabilities;

Having friendships and relationships with individuals and families of their own choosing.