

Year Cla	155
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DATE

PARTICIPATION AGREEMENT

THIS AGREEMENT IS BETWEEN THE PARTNERS PARTICIPANT AND THE PARTNERS IN POLICYMAKING® PROGRAM.

1. Under this agreement, the Partners participant agrees	i. Under this agreement, the Pa	artners participant agrees
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- a. Participate in ALL eight (8) two-day weekend Partners in Policymaking training sessions;
- b. **NOT** invite spouses, other family members, guests, or other non-Partners participants to attend the weekend training sessions.
 - **PLEASE NOTE:** Family members are not permitted to stay at the hotel during the weekend training sessions unless a family member is serving as a personal assistant to a class member.
- c. Comply with all policies related to drugs, alcohol and sexual harassment (as defined in the enclosed Disciplined Business Conduct Guidelines).

2. In consideration of the above, the Partners program agrees to the following:

- a. Reimburse approved travel costs to and from weekend training sessions (mileage may be reimbursed at the current IRS rate);
- b. Provide lodging on a double occupancy basis as needed;
- c. Reimburse up to \$___ per weekend session for respite services, personal assistant services, and child care services as needed by the Partners participant (PLEASE NOTE: The Partners program does not provide on site child care services); and
- d. Process all reimbursement payments within 30 days of receipt.
- 3. The Partners in Policymaking leadership training program will:

PARTNERS COORDINATOR SIGNATURE:

- a. Provide face-to-face best practices and state-of-the-art information available from national experts in the field of developmental disabilities;
- b. Provide reading materials, suggestions and resources to familiarize participants with a wide range of topics related to developmental disabilities and with information specific to identified areas of interest; and
- c. Provide role play and direct experiences to assist participants in their abilities to influence public policy at the local, state and federal levels.

	Program start date	Program end date	
PARTICIPANT SIGNATURE:		DATE	