



**APPLICATION FOR CO-SPONSORSHIP FUNDS
EDUCATIONAL and TRAINING EVENTS or CONFERENCES
2025 APPLICATION FORM**

AGENCY, ORGANIZATION, COMMITTEE, OR COALITION NAME:

ADDRESS: _____

CONTACT PERSON: _____

PHONE: _____ **EMAIL:** _____

TRAINING or CONFERENCE TITLE: _____

PURPOSE of TRAINING or CONFERENCE: _____

DATE/LOCATION: _____

TRAINING WILL BE HELD: ☐ IN-PERSON ☐ REMOTE ☐ HYBRID

REGISTRATION FEE: YES ☐ NO ☐ **AMOUNT** _____

If yes, what expenses does the registration fee cover?

NOTE: Conferences or training must be completed on or before September 20, 2025.

NUMBER OF EXPECTED ATTENDEES: _____

IS THE APPLICANT the sole or primary conference sponsor? Sole ☐ Primary ☐

If the primary sponsor, name all other sponsors:

*If the applicant is partnering with one or more organizations to sponsor a conference, none of the partnering organizations can also independently apply for co-sponsorship funds for the same event.
If a Fiscal Agent handles funds or signs contracts on your behalf, please notify the grants administrator.*

According to the Council's Five-Year State Plan, training conferences should provide ongoing education and training that reflect and address the outcomes (independence, productivity, self-determination, integration and inclusion) as found in the Developmental Disabilities Assistance and Bill of Rights Act of 2000 ("[DD Act](https://mn.gov/mnddc/dd-act/index.html)"- <https://mn.gov/mnddc/dd-act/index.html>) in programs and supports for people with developmental disabilities and their families. Conferences and training opportunities for individuals with developmental disabilities and their families, as well as advocates, providers, or professionals, will lead to greater networking and partnering across the state through a variety of delivery modes.

The definitions of a **developmental disability**; and definitions of **independence, productivity, self-determination, integration, and inclusion** appear at the end of this Application Form.

1. **What leadership skills training or knowledge** will be provided to participants at this conference? *(Please attach additional sheets, if needed).*
2. **How** will the leadership skills training or knowledge provided assist people with developmental disabilities to increase their **independence, productivity, self-determination, integration, and inclusion (IPSII)** in the community? Please give two examples of the relationship between the training provided and the IPSII results. *(IPSII definitions are also found at the end of this application form.)*
3. Describe how this conference is designed for individuals with developmental disabilities and their families?

3(a). How will people with developmental disabilities be involved in the design and delivery of the conference?

3(b). What is the plan for reaching and including a multi-diverse and inclusive audience that includes marginalized populations and identities?

4. Co-sponsorship funds (**maximum of \$2,000**) can be used for **presenter fees, reasonable accommodations** (to increase the inclusive experience for attendees), **and/or scholarships** for people with developmental disabilities or family members who need financial assistance so they can participate.

4(a). PRESENTER FEES

Are any of the requested funds for presenter fees? Yes ____ No ____

If yes, dollar amount requested is \$ _____

Please identify presenter(s)*, topic(s) each will address, and funds for each:

- Name: _____ \$ _____
Topic: _____
- Name: _____ \$ _____
Topic: _____
- Name: _____ \$ _____
Topic: _____
- Name: _____ \$ _____
Topic: _____

**The GCDD does not normally reimburse speaker fees for employees or key members of the sponsoring organization.*

4(b). How will each of the identified presenters' presentations **increase** the independence, productivity, self-determination, integration, and inclusion (**IPSII**) of persons with developmental disabilities in the community?

4(c). SCHOLARSHIPS

Are any of the requested funds for scholarships? Yes ____ No ____

If yes, total dollar amount requested is \$ _____

If funds are requested for scholarships, please note the dollar amount per person

(\$ _____ per person) for scholarships for ____ participants (number of anticipated participants receiving scholarships).

The applicant is responsible for determining eligibility criteria for scholarships and having a scholarship application process in place. Scholarship funds may be used to pay all or a portion of the registration fee for individuals with developmental disabilities or families who could not otherwise attend without some financial assistance.

4(d). REASONABLE ACCOMMODATIONS COSTS

Type of Accommodation: _____

Amount Requested: \$ _____

4(e). TOTAL FUNDS requested for presenter fees, reasonable accommodations, and scholarships (4a + 4c + 4d) = \$ _____ (not to exceed \$2,000).

5. CUSTOMER SATISFACTION

The attached sample **Customer Satisfaction Survey** (Survey) for Training Conferences should be completed by training conference participants who are people with developmental disabilities or family members. You will be given a template to record the aggregate responses of this Survey to the GCDD within two weeks of the training.

If your Application is approved and co-sponsorship funds are awarded, we ask that you inform and remind participants about the Survey, its relationship to the co-sponsorship funds received, and the importance of completing the Survey prior to leaving the conference site or before leaving the virtual event.

In addition, recipients of co-sponsorship funds will be asked to provide the following:

- Documentation of any changes in local or state policies, procedures, and best practices as a result of this conference;
- Documentation of any systems change activities as a result of this conference.

Application deadline:

No later than 5:00 PM (CST) on Thursday, January 16, 2025

Submit applications, questions, or request an alternate format:

Paul Nevin, Grants Administrator
Governor's Council on Developmental Disabilities
(651) 282-2899 voice (877) 348-0505 toll free
(800) 627-3529– Minnesota Relay Service OR 711
Email: paul.nevin@state.mn.us

GCDD plans to notify applicants of status by February 7, 2025

DEFINITIONS

INDEPENDENCE	The extent to which individuals with developmental disabilities exert control and choice over their own lives.
PRODUCTIVITY	Engagement in income-producing work that is measured by increased income, improved employment status, or job advancement; or Engagement in volunteer work that contributes to a household or community.
SELF-DETERMINATION	<p>The freedom to choose how, where, and with whom to live; freely created relationships; contributing to the community in a meaningful way;</p> <p>Taking responsibility for personal decisions and actions; making decisions about financial resources, needed supports, and hiring or evaluating direct care providers;</p> <p>Dignity and respect of and for people with disabilities;</p>
INTEGRATION AND INCLUSION	<p>Whatever it takes to remove system barriers, achieve what may seem impossible, and do no harm.</p> <p>The use by individuals with developmental disabilities of the same community resources that are used by and available to other citizens;</p> <p>Living in homes close to community resources, with regular contact with citizens without disabilities in their communities;</p> <p>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.</p> <p>Having friendships and relationships with individuals and families of their own choosing.</p>

Definition of “developmental disability” -

The term “developmental disability” is defined in the DD Act as a severe, chronic disability of an individual from birth that:

1. Is attributable to a mental or physical impairment or a combination of mental and physical impairments;
2. Is manifested before the individual attains age 22;
3. Is likely to continue indefinitely;
4. Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and
5. Reflects the individual’s need for a combination and sequence of interdisciplinary, or generic care services, supports or other assistance that is of lifelong or extended duration and is individually planned and coordinated;
6. When applied to infants and young children, individuals from birth to age nine, inclusive, with a substantial developmental delay or specific congenital or acquired conditions may be considered to have a developmental disability if the individual, without services and supports, has a high probability of meeting those criteria later in life

Use this space for any responses longer than allowed by the form input area:

Council Customer Satisfaction Survey

The Minnesota Governor's Council on Developmental Disabilities funded this project with federal funds.

Date: _____

Project Activity: Education Training or Conferences

Are you satisfied with the training you selected to attend? (thumbs up) or No (thumbs down).



YES, I am satisfied.



NO, I am not satisfied.

IFA 3

As a result of this training session, I gained new knowledge.

(K)

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1	2	3	4	5	
	Strongly Disagree				Strongly Agree	

The information presented in this training session will be useful to me in the future.

(U)

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1	2	3	4	5	
	Strongly Disagree				Strongly Agree	

The speakers were knowledgeable about the topic area and effective in presenting the material.

(Q)

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1	2	3	4	5	
	Strongly Disagree				Strongly Agree	

Please check the statement that best describes you. [Check one box only.]

☐ I am an individual with a developmental disability. [**Continue** to next section]

IFA 1.1









☐ I am a family member of an individual with a developmental disability. [**Continue** to next section]

IFA 1.2



☐ I do not have a developmental disability and I am not a family member of a person with a developmental disability. [**STOP-DO NOT complete the rest of the survey**]

SC 1.4.1



Please answer these questions with a Yes (thumbs up) or No (thumbs down). Because of the training I have just attended:

<input type="checkbox"/>		<input type="checkbox"/>		I will be increasing my advocacy.	IFA 2.1
<input type="checkbox"/>		<input type="checkbox"/>		I will be better able to say what I want, and what is important to me.	IFA 2.3
<input type="checkbox"/>		<input type="checkbox"/>		I am <u>now</u> participating in advocacy activities.	IFA 2.4
<input type="checkbox"/>		<input type="checkbox"/>		I am <u>now</u> serving on a coalition, board, council, or other leadership position.	IFA 2.5

IPSII


Please help us to know how your levels of independence, productivity, self-determination, integration and inclusion (IPSII*) have increased as a result of participating in this training. Evaluate yourself on a scale of 1 () lowest) to 5 () highest) for each measure.

1. Independence: After participating in this training, I will become more **independent*** at work, home, or school:

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1	2	3	4	5	
	Has not increased at all				Has increased very much	



*Independence means the extent to which individuals exert control and choice over their own lives.

2. Productivity: After participating in this training, I will be more **productive.***

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1	2	3	4	5	
	Has not increased at all				Has increased very much	



*Productivity means starting employment or a positive change in one's employment situation (better wages, hours, benefits, improved status, or job advancement).

3. Self Determination: After participating in this training, my **self-determination*** has increased.

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1	2	3	4	5	
	Has not increased at all				Has increased very much	

*Self-determination means the freedom to choose where and with whom to live or taking personal responsibility for personal decisions about needed supports and services.

4. Integration and Inclusion: After participating in this training, I will experience more community **integration and inclusion.***

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1	2	3	4	5	
	Has not increased at all				Has increased very much	

*Integration and inclusion means using the same community resources that are available to other citizens or fully participating in community activities.

Race/Ethnicity

<input type="checkbox"/> White, alone
<input type="checkbox"/> Black or African American, alone
<input type="checkbox"/> American Indian or Alaska Native, alone
<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Asian, alone
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander, alone
<input type="checkbox"/> Two or more races
<input type="checkbox"/> Race unknown

Geographic Area

<input type="checkbox"/> Urban
<input type="checkbox"/> Rural

Sexual Orientation

Which of the following best represents how you think of yourself? [Select ONE]

<input type="checkbox"/> Lesbian or gay
<input type="checkbox"/> Straight, that is, not gay or lesbian
<input type="checkbox"/> Bisexual
<input type="checkbox"/> I use a different term [please specify: _____]
<input type="checkbox"/> Don't know
<input type="checkbox"/> Prefer not to answer

Gender Identity

1. What is your current gender? [Select only one.]

<input type="checkbox"/> Man
<input type="checkbox"/> Woman
<input type="checkbox"/> Non-binary
<input type="checkbox"/> I use a different term [please specify: _____]
<input type="checkbox"/> Prefer not to answer

2. Do you consider yourself to be transgender?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

If you have additional comments, please write them here. We would also like to learn about what this training has meant to you! Thank you!
