

**APPLICATION FOR COSPONSORSHIP FUNDS  
TRAINING CONFERENCES FFY 2007**

**AGENCY/ORGANIZATION:** \_\_\_\_\_  
(the agency/organization that is sponsoring the conference)

**ADDRESS:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**PHONE:** (\_\_\_\_) \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**CONFERENCE TITLE:** \_\_\_\_\_

**DATE/LOCATION:** \_\_\_\_\_

**NUMBER OF EXPECTED PARTICIPANTS:** \_\_\_\_\_

**NOTE:** 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:** (\_\_\_\_) \_\_\_\_\_

1. **What information and/or leadership skills training** will be provided to participants? Please be specific.

2. **How** will the training conference help participants increase their **independence, productivity, self determination, integration and inclusion** in the community as stated in the Developmental Disabilities Assistance and Bill of Rights Act (DD Act)? Definitions attached.

**<OVER>**

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

Please identify speaker(s) and the topic(s) each will address, and the funds that will be used towards their expenses:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

Will funds be used for scholarships? \_\_\_\_\_YES \_\_\_\_\_NO

If yes, please note: \$ \_\_\_\_\_(amount) for scholarships for \_\_\_\_\_(number) of participants.

6. **Total funds requested = \$** \_\_\_\_\_.

**Application deadline:**  
**No later than 3:00 p.m. on Thursday, January 18, 2007**

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  
Email: [admin.dd@state.mn.us](mailto: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.

**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.