

**APPLICATION FOR COSPONSORSHIP FUNDS  
TRAINING CONFERENCES FFY 2020**

**AGENCY, ORGANIZATION, COMMITTEE, OR COALITION NAME:**

\_\_\_\_\_

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

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

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

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

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

**NOTE:** Conference date must be **no later than August 26, 2020.**

**NUMBER OF EXPECTED ATTENDEES:** \_\_\_\_\_

**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:** If the applicant is partnering with one or more other organizations to sponsor a conference, **none of the partnering organizations can also independently apply for cosponsorship funds for the same conference.**

**FISCAL AGENT INFORMATION:**

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

**FISCAL AGENT NAME:** \_\_\_\_\_

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

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

**PHONE:** (\_\_\_\_) \_\_\_\_\_ **FAX:** (\_\_\_\_) \_\_\_\_\_

**EMAIL:** \_\_\_\_\_



#### 4 A. PRESENTER FEES

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

If yes, total dollar amount requested is \$ \_\_\_\_\_.

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

- Name: \_\_\_\_\_ \$ \_\_\_\_\_  
Topic: \_\_\_\_\_
- Name: \_\_\_\_\_ \$ \_\_\_\_\_  
Topic: \_\_\_\_\_
- Name: \_\_\_\_\_ \$ \_\_\_\_\_  
Topic: \_\_\_\_\_

#### 4 B. SCHOLARSHIPS

Are any of the requested funds for scholarships? Yes \_\_\_\_ No \_\_\_\_

If yes, total dollar amount requested is \$ \_\_\_\_\_.

- a. **PLEASE NOTE:** A scholarship is an award or grant of dollars to offset the cost of a registration fee that is associated with attending/participating in a training or learning opportunity.
- b. **If funds are requested for scholarships,** please note the dollar amount per person (\$ \_\_\_\_\_ per person) for scholarships for \_\_\_\_\_ participants (number of participants receiving scholarships).
- c. The applicant is responsible for determining eligibility criteria for scholarships and having a scholarship application process in place.
- d. Is there a registration fee for this conference? Yes \_\_\_\_ No \_\_\_\_

If yes, what is the registration fee? \$ \_\_\_\_\_.

**PLEASE NOTE:** 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.

**Total funds requested for presenter fees and scholarships = \$ \_\_\_\_\_ (not to exceed \$ 3,000).**

## 5. CUSTOMER SATISFACTION

The attached **Customer Satisfaction Survey** for Training Conferences should be completed by training conference participants who are people with developmental disabilities or family members. Professionals do not need to complete the Survey.

If your Training Conference Application is approved and cosponsorship funds are awarded, we ask that you inform and remind participants about the Survey, its relationship to the cosponsorship funds received, and the importance of completing the Survey **prior to leaving the conference site.**

In addition, recipients of cosponsorship 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.

**PLEASE NOTE:** Request only the amount of funds you are certain you'll need to help finance your conference, including a reasonable expectation of the number of attendees based on marketing and recruitment efforts, and early registration.

**Application deadline:  
No later than 12:00 Noon on Friday, January 17, 2020.**

For questions or further information:

Mary Jo Nichols, Grants Administrator  
Governor's Council on Developmental Disabilities  
Minnesota Department of Administration  
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](mailto:admin.dd@state.mn.us)

**THANK YOU!**

## DEFINITIONS

<b>INDEPENDENCE</b>	The extent to which individuals with developmental disabilities exert control and choice over their own lives.
<b>PRODUCTIVITY</b>	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.
<b>SELF DETERMINATION</b>	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;
<b>INTEGRATION AND INCLUSION</b>	Whatever it takes to remove system barriers, achieve what may seem impossible, and do no harm.  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.

## **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 special, 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.

# Council Customer Satisfaction Survey

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

Date: \_\_\_\_\_ Project Activity: Training Conferences:

Race/Ethnicity	Gender	Geographic Area
<input type="checkbox"/> White, alone	<input type="checkbox"/> Female	<input type="checkbox"/> Urban
<input type="checkbox"/> Black or African American, alone	<input type="checkbox"/> Male	<input type="checkbox"/> Rural
<input type="checkbox"/> American Indian or Alaska Native, alone	<input type="checkbox"/> Other	
<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		

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

<input type="checkbox"/> I am an individual with a developmental disability.	IFA 1.1
<input type="checkbox"/> I am a family member of an individual with a developmental disability.	IFA 1.2
<input type="checkbox"/> I do not have a developmental disability and I am not a family member of a person with a developmental disability.	SC 1.4.1

Are you satisfied with this Workshop series? Yes (thumbs up) or No (thumbs down).

<input type="checkbox"/>  YES, I am satisfied.	<input type="checkbox"/>  NO, I am not satisfied.	IFA 3
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On a scale of 1 to 10 (10 = highest), how would you rate this Training Conference in terms of usefulness and helpfulness?

	—	—	—	—	—	—	—	—	—	—	
	1	2	3	4	5	6	7	8	9	10	
	Not at all Useful or Helpful										Extremely Useful or Helpful

Please answer these questions with a Yes (thumbs up) or No (thumbs down).  
Because of this Training Conference:

<input type="checkbox"/>		<input type="checkbox"/>		I am increasing my advocacy.	IFA 2.1
<input type="checkbox"/>		<input type="checkbox"/>		I am better able to say what I want, and what is important to me.	IFA 2.3
<input type="checkbox"/>		<input type="checkbox"/>		I am now participating in advocacy activities.	IFA 2.4
<input type="checkbox"/>		<input type="checkbox"/>		I am serving on a cross-disability coalition, policy board, advisory board, governing body and/or serving in a 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 Workshop series. Evaluate yourself on a scale of 1 ( lowest) to 5 ( highest) for each measure.

**1. Independence:** *After participating in this Training Conference, I have become more **independent**\* at work, home or school:*

	—	—	—	—	—	
	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 Conference, I am more **productive**.\**

	—	—	—	—	—	
	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 Conference, my **self-determination**\* has increased.*

	—	—	—	—	—	
	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 Conference, I have experienced more community **integration and inclusion.**\**

	—	—	—	—	—	
	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.

If you have additional comments, please write them here. Thank you!

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