

**APPLICATION FOR CO-SPONSORSHIP FUNDS  
TRAINING CONFERENCES 2021  
APPLICATION FORM**

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

\_\_\_\_\_

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

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

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

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

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

**NOTE: Conferences/training must be completed on or before September 16, 2021.**

**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 co-sponsorship funds for the same conference.**

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

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

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

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

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



3. What audience(s) are you targeting for this training conference?

3a. Does the audience include persons with developmental disabilities and their families as well as advocates, providers, or professionals?

3b. If applicable, what is the plan for reaching/including a diverse and inclusive audience?

4. Co-sponsorship funds (**maximum of \$2,000**) can be used for **presenter fees 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 (or reasonable accommodations)?** 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: \_\_\_\_\_

***Reasonable Accommodation fee (interpreters, etc.), if applicable***

- Accommodation: \_\_\_\_\_ \$ \_\_\_\_\_

#### 4(b). SCHOLARSHIPS

Is there a registration fee for this conference? Yes \_\_\_\_ No \_\_\_\_

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

**PLEASE NOTE:** A scholarship request **may only be used** to offset all or a portion of the cost of a registration fee that is associated with attending or participating in a training or learning opportunity.

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.

**Total funds requested for presenter fees and scholarships = \$ \_\_\_\_\_ (not to exceed \$2,000).**

#### 5. CUSTOMER SATISFACTION

The attached **Customer Satisfaction Survey** (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 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.**

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.

**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 or early registrations.

**Application deadline:  
No later than 12:00 Noon on Friday, February 19, 2021**

For questions or further information:

Paul Nevin, 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: [paul.nevin@state.mn.us](mailto:paul.nevin@state.mn.us)

## 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<br><br>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;<br><br>Taking responsibility for personal decisions and actions; making decisions about financial resources, needed supports, and hiring/evaluating direct care providers;<br><br>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.<br><br>The use by individuals with developmental disabilities of the same community resources that are used by and available to other citizens;<br><br>Living in homes close to community resources, with regular contact with citizens without disabilities in their communities;<br><br>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.<br><br>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.