

Training Conference Co-Sponsorship

The Minnesota Governor's Council on Developmental Disabilities (Council) announces the availability of a total of \$15,000 in co-sponsorship funds to help with planning and carrying out educational and training events or conferences. Training should be designed to reach a minimum of 25 individuals with developmental disabilities and their families. As a result of the training, attendees will increase their independence, productivity, self-determination, integration, and inclusion (IPSII) in the community. Training may be planned as in-person, hybrid, or remote. Grant funds are intended to assist an organization to pay for presenter fees or scholarships and individualized accommodations for participants.

We invite you to consider applying for these co-sponsorship funds.

See more details on the Council's <https://mn.gov/mnddc/council/rfp-grants.html>

Conference dates?

Conferences/training must be completed on or before September 1, 2027.

Dollar Amount?

Maximum of **\$3,000** to an organization that provide services to individuals with developmental disabilities.

Who can apply?

Minnesota not-for-profit organizations, for-profit organizations, public entities, or Tribal Nations that provide services to individuals with developmental disabilities

When are applications due?

Applications must be received no later than 5:00 PM (CST) on November 12, 2026.

PLEASE NOTE: Due to the funds available and the number of applications that may be received, the amount awarded by the Council to successful applicants may be less than requested and not all eligible applications may be funded.

Evaluation: A **Customer Satisfaction Survey** is attached to the Application. The Council's Five-Year State Plan includes specific performance measures and data collection requirements. Survey results must be aggregated and submitted to the Council within two weeks after the conference. The actual payment of

co-sponsorship funds will be made after receiving this summary and an invoice that identifies how funds were used.

Questions?

Applicants may submit questions by emailing colleen.wieck@state.mn.us

Council staff will compile all questions received and post a Question & Answer update in this section of the website every two weeks, with updates scheduled for October 12, October 26, and November 9, 2026.

Updated on September 29, 2026.

Colleen Wieck, Executive Director

Minnesota Governor's Council on Developmental Disabilities



**APPLICATION FOR CO-SPONSORSHIP FUNDS
EDUCATIONAL and TRAINING EVENTS or CONFERENCES
DECEMBER 2026 – SEPTEMBER 2027 APPLICATION FORM**

AGENCY, ORGANIZATION, COMMITTEE, OR COALITION NAME:

ADDRESS: _____

CONTACT PERSON: _____

PHONE: _____ **EMAIL:** _____

TRAINING or CONFERENCE TITLE: _____

DATE(s) and LOCATION of the Event:

NOTE: Conferences or training must be completed on or before September 1, 2027.

NUMBER OF EXPECTED ATTENDEES: _____ *(Should be 25 or more)*

TRAINING WILL BE HELD: ____ **IN-PERSON** ____ **REMOTE-ONLY** ____ **HYBRID**

(Evaluation preference will be given to training events that are in-person or hybrid)

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

If yes, what expenses does the registration fee cover? *(Answer required for scholarship awards)*

THE APPLICANT named above is considered the sole or primary conference sponsor. Please list the name of all other sponsors for this training event or conference:

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 Council.

According to the Council's 2027-2031 Five-Year State Plan, "People with developmental disabilities and families, along with their supporters, will develop knowledge and skills through ongoing education and training resources that support the federal Developmental Disabilities Act's goals and outcomes of independence, productivity, self-determination, integration, and inclusion in the community." ("DD Act"- <https://mn.gov/mnddc/dd-act/index.html>) 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. Briefly state the **purpose** of the training event(s) or conference:

2. Describe how this training or conference is designed for individuals with developmental disabilities and their families.

2(a). How will people with developmental disabilities help plan and take part in the training event?

2(b). How will you make sure the training event welcomes a wide variety of people, especially those who are often overlooked? Please describe how you plan to invite participants and help everyone feel included.

2(c). How will you make your event easy for people with disabilities to attend and join in? Please describe what help, tools, or changes you will offer.

3. **How** will the training event 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 on the back page of this application.) (Please attach additional sheets, if needed, or use the additional fill-in space provided on the last page).*

4. Co-sponsorship funds. You may request **up to a total of \$3,000** to help pay for things like:

- **Presenter Fees** (paying people who are speaking or teaching),
- **Individualized Accommodations** (*things that help make the event more inclusive for everyone*)
- **Scholarships** for people with developmental disabilities or family members who need financial assistance so they can participate in a training event that traditionally charges registration fees.

4(a). PRESENTER FEES

Do you want to use any money to pay presenters? Yes ____ No ____

If yes, how much money are you asking for \$ _____

(Evaluation preference will be given to Presenter Fees that include stipends for self-advocate speakers or members of panels)

Write the names of the presenters, what they will talk about, and how much money each will receive:

• Name: _____ \$ _____
Topic: _____

• Name: _____ \$ _____
Topic: _____

• Name: _____ \$ _____
Topic: _____

• Name: _____ \$ _____
Topic: _____

• Name: _____ \$ _____
Topic: _____

Are any of the presenters listed above employees, paid contractors, or key members of the sponsoring organization? (List which presenters are and their relationship to your 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

Do you want to use any money for scholarships? Yes ____ No ____

If yes, how much money are you asking for \$_____

How much money is that 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). INDIVIDUALIZED ACCOMMODATIONS COSTS

Type of Accommodation: _____

Amount Requested: \$_____

(Note: Accommodation requests for venue rent, food, or supplies will not be approved. Individualized accommodations might include translators, caption services, or transportation.) Accommodation expenses must be paid directly or reimbursed and not offered with the use of gift cards.

4(e). TOTAL AMOUNT requested for presenter fees, individualized accommodations, and scholarships

(4a + 4c + 4d) = \$_____ (not to exceed \$3,000).

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, promising practices or 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 November 12, 2026**

Submit applications, questions, or request an alternate format:

Colleen Wieck, Executive Director
Governor's Council on Developmental Disabilities
(651) 296-9964 voice (877) 348-0505 toll free
(800) 627-3529– Minnesota Relay Service OR 711
Email: colleen.wieck@state.mn.us

GCDD plans to notify applicants of status by December 11, 2026

NOTE: Due to the funds available and the number of applications that may be received, the amount awarded by the Council to successful applicants may be less than requested and not all eligible applications may be funded.

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 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 or evaluating direct care providers; Dignity and respect of and for people with disabilities;
INTEGRATION AND INCLUSION	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 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.

Date: _____ Project Activity: Education Training or Conferences

Are you satisfied with the training you attended? Yes (thumbs up) or No (thumbs down).

☐

YES, I am satisfied.

☐

NO, I am not satisfied.

IFA 3

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

(K)

	☐	☐	☐	☐	☐	
	1	2	3	4	5	
	Strongly Disagree				Strongly Agree	

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

(U)

	☐	☐	☐	☐	☐	
	1	2	3	4	5	
	Strongly Disagree				Strongly Agree	

The speaker(s) were knowledgeable about the topic area and effective in presenting material.

(Q)

	☐	☐	☐	☐	☐	
	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 am not a person with a developmental disability and not a family member of someone who has one (e.g., I may be a care provider or ally) [**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 this training I have just attended:

☐		☐		I am increasing my advocacy.	IFA 2.1
☐		☐		I am better able to say what I want, and what is important to me.	IFA 2.3
☐		☐		I am <u>now</u> participating in advocacy activities.	IFA 2.4
☐		☐		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 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, 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, 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, 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.

