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| **Date Application Received (electronic) or Postmarked (mail):** |  |
| **Applicant Name:** |  |
| **City, State:** |  |
|  |
| **Date of Conference/Event:** |  |
| **Name of Conference/Event – City, State:** |  |
| **Amount of Rossi Funds Requested:**  |  |
| **Eligibility:** *(Application is eligible for in-house approval without other NCCDD review, if all questions listed below are answered “YES”.)* |
| **YES** |  | 1. Applicant is a resident of North Carolina as indicated on the Rossi Fund Application.
 |
| **YES** |  | 1. Applicant has a disability connection as indicated on the Rossi Fund Application.
 |
| **YES** |  | 1. Event is in the United States.
 |
| **YES** |  | 1. Event is consistent with Council’s mission & mandate in Federal Law to distribute funds for activities that promote commitment to systems change, capacity building, and advocacy building. In other words, this event could improve a person’s knowledge, offer networking opportunities, and/or increase self-advocacy skills that lead to improving the lives of people with intellectual or other developmental disabilities.
 |
| **YES** |  | 1. Application was received 15 days prior to the first day of an in-state event and 30 days prior to the first day of an out-of-state event.
 |
| **YES** |  | 1. **Is it true that** applicant has notreceived Rossi Funds in the last 12 months?
 |
| **YES** |  | 1. **Is it true that** applicant is not a NCCDD Council Member?
 |
| **YES** |  | 1. At the time of receipt of this application, the total of all funding requests received for this event does not exceed $2,400 (in-state event) and $2,400 (out-of-state event).
 |
| **YES** |  | 1. After checking with Fiscal Unit, Rossi Funds are available to fund this application.
 |
| **Reviewer Recommendation (CHECK ONE)** |
|  | This application is eligible for in-house approval in an amount up to: **$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
|  | This application needs to go to Coordinator and Executive Management for further review. |
|  | This application is denied. | Denial Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (see below) |
| **Reviewer Signature:** | **Date:** |
| **I reviewed applicant information and agree with recommendation listed above.** |
| **Coordinator Signature:** | **Date:** |

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| **Denial Codes** |
| **1** | Did not receive application within 15 days prior to the first day of the event for an in-state event and 30 days prior to the first day of the event for an out-of-state event. |
| **2** | Can only receive Rossi Funds one time in a 1-year (365-day) period. |
| **3** | Apps. exceeded $2,400 in-state or $2,400 out-of-state max per event. |
| **4** | Event does not adhere to systems change, advocacy building, community capacity building. |
| **5** | Event must be in the United States. |