***NV Governor’s Council on Developmental Disabilities***

***Consumer Leadership Development Fund Application***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I **am:** \_\_\_ a person with an intellectual/developmental disability (I/DD)

\_\_\_ the parent/family/guardian of a child/adult child with an I/DD

\_\_\_ I **am not** employed by an agency or organization that provides services to people with I/DD.

\_\_\_ I **am** employed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ that provides services to people with I/DD.

What event can the Fund assist you in attending? (Attach copy of brochure, registration information, agenda, website, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of the event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COSTS:  
Registration: \_\_\_\_\_\_\_\_\_\_\_\_  
Air Fare: \_\_\_\_\_\_\_\_\_\_\_\_ Airline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Ground Transportation: \_\_\_\_\_\_\_\_\_\_\_\_ Bus, Taxi: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Hotel\* \_\_\_\_\_\_\_\_\_\_\_\_ Including Tax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Meals\* \_\_\_\_\_\_\_\_\_\_\_\_   
Disability Accommodations: \_\_\_\_\_\_\_\_\_\_\_\_ Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Other: \_\_\_\_\_\_\_\_\_\_\_\_  
TOTAL COST: \_\_\_\_\_\_\_\_\_\_\_\_

Request for: \_\_\_ $500 Individual, In-State \_\_\_ $750 Family, In-State  
 \_\_\_ $750 Individual, Out-of-State \_\_\_ $1,000, Family Out-of-State

\*In accordance with State of Nevada policy, reimbursements will be in compliance with the U.S. General Services Administration (GSA) guidelines. It is your responsibility to confirm that your hotel and per diem (meal) rates fall within the GSA rates in order to not incur additional out-of-pocket expenses. These rates can be obtained by accessing [www.gsa.gov](http://www.gsa.gov). You **must** use the least expensive means of transportation. Reimbursements are not taxable; however, any taxes incurred as a result of receiving funds from the CLDF will be the sole responsibility to be paid by the recipient of these funds and a W9-IRS form must be submitted upon receipt of the funds by the recipient.

I have read and understand the Consumer Leadership Development Fund Policy and agree to abide by it. I have attached any information available about the event and related expenses.

Signature Date

Attendee(s) financial match or contribution to event attendance. Report in actual dollars or dollars saved:

Out of pocket financial investment: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Other organization contributions: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Savings for using alternative options (lodging, family help, etc.) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Other (Explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 TOTAL: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What benefit will you/your family and the Nevada I/DD community gain from your attendance at this event:

Will you present to an organization? \_\_\_ YES \_\_\_ NO  
 Name of organization(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Anticipated date(s) or presentation(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Written Presentation \_\_\_ Video Presentation \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outline your plan to share the knowledge and information you learned with others:

Do you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give the NGCDD permission to use your story and/or pictures?  
 (Signature)

Do you need assistance in setting up a plan for presentation? \_\_\_ YES \_\_\_ NO

ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED:  
Is the application complete? \_\_\_ YES \_\_\_ NO

Applications **MUST** be received at the NGCDD office no later than 60 days prior to the event. For questions or assistance in completing this form, call: (775) 684-8619.

**Mail Application to:** **Fax Application to:**  
NGCDD (775) 684-8626  
896 West Nye Lane, Suite 202  
Carson City, NV 89703