

Utah Developmental
Disabilities Council™
Empowerment Fund Application

You may request support from Council staff to fill out any of these forms

Date:

Name:

Address:

City:

Zip: _____

Phone:

Email:

Check One (1):

- I am a person with a developmental disability
- I am an immediate family member of a person with a developmental disability
- I am the guardian of a person with a developmental disability

Title of the conference or training you wish to attend:

*Conference registration information **MUST** be submitted with this application in order to be considered if applying to attend a conference.

Have you attended this conference/training?

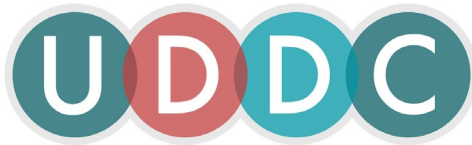
Yes No

Conference Location: _____

Conference Date: _____

Conference Sponsor: _____

Why do you want to attend this Conference? _____



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Have you applied to the Empowerment Fund before?

Yes No If Yes, When? _____

Was your request: Approved OR Denied ?

If yes, What event did you apply for? _____

How much can you, other people, organizations or companies contribute for you to participate in this activity? To be considered to receive Empowerment Funds, you or others must contribute at least 25% of the total expenses.

I can contribute: \$ _____

Others can contribute: \$ _____

If another person or organization is contributing, list them here:

How much money are you requesting from the Council?

Transportation \$ _____

Type of lodging? _____

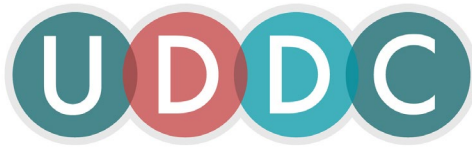
Personal Assistant Services (\$10/Hr. up to 8 hours per day is allowed)

\$ _____

***IF YOUR PERSONAL ASSISTANT IS BEING PAID FOR BY SOME OTHER SOURCE (LIKE THE DSPD WAIVER), THE COUNCIL MAY NOT PAY THIS SERVICE.**

Conference registration on fee for training: \$ _____

Other expenses requested for reimbursement? \$ _____



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Describe other expenses: _____

TOTAL AMOUNT REQUESTED from the UDDC \$ _____

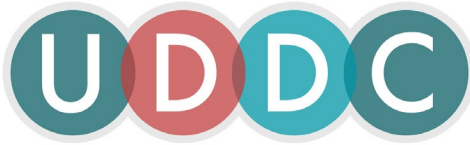
Name(s) of people attending with you (family or paid staff)

: _____

Explain why this person will accompany you:

- I WILL PAY MY EXPENSES, SEND IN MY RECEIPTS, AND WAIT FOR MY REIMBURSEMENT CHECK, WHICH WILL GENERALLY TAKE TWO WEEKS after the Council staff receives all the necessary documents to process my reimbursement.

Initials _____



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CERTIFICATION STATEMENTS

ALL APPLICANTS MUST SIGN THIS STATEMENT.

IF I AM APPROVED FOR FUNDING, I AGREE TO TURN IN RECEIPTS FOR ALL THE MONEY I SPENT, A COPY OF THE CONFERENCE AGENDA OR PROGRAM SCHEDULE, AND THE REPORT (CONFERENCE / EVENT REPORT TO THE COUNCIL). I WILL SEND THESE MATERIALS TO THE DD COUNCIL WITHIN 10 DAYS AFTER RETURNING FROM THE CONFERENCE.

SIGNATURE: _____ DATE: _____

APPLICANTS REQUESTING PERSONAL ASSISTANCE SERVICES MUST SIGN THIS STATEMENT. I NORMALLY USE MY PERSONAL ASSISTANCE SERVICES ____ HOURS PER DAY. I CERTIFY THAT I AM REQUESTING ASSISTANCE ONLY FOR THE ACTUAL HOURS A PERSONAL ASSISTANT WILL BE WORKING FOR ME DURING THIS CONFERENCE. I CERTIFY THAT THESE HOURS WILL NOT BE PAID FOR BY ANOTHER SOURCE (LIKE THE DSPD WAIVER SERVICES).

SIGNATURE: _____ DATE: _____

Complete all pages of this form. Return this form with meeting agenda/ details to

MAIL TO: FINANCE MANAGER
UTAH DEVELOPMENTAL DISABILITIES COUNCIL
155 SOUTH 300 WEST, SUITE 100
SALT LAKE CITY, UT 84101
PHONE: 801-245-7350 FAX: 801-533-3968

OR
EMAIL: uddc@utah.gov