|  |  |
| --- | --- |
| C:\Documents and Settings\apena\Local Settings\Temporary Internet Files\Content.Word\NDSCDD logo.jpg | **Consumer Leadership Development Fund (CLDF) - Application** |
| Applicant’s Name:  | Applicant’s Email address: |
| Applicant’s Address: | Applicant’s Phone Number: |
| **What are the date(s) of the event*? Note: Applications must be received 2 weeks prior to the event to be considered*** | Have you applied for this grant in the last year? Please circle: Yes No Please see the guidance document to fill out this form. If you have any questions, please contact jhorntvedt@nd.gov for assistance in completing this document.  |
| **I am**: \_\_\_ a person with an intellectual/developmental disability (I/DD) \_\_\_ parent/family/guardian of a child/adult child with an intellectual/developmental disability |
| **­­­Grantee MUST share what they learned with another organization, non-profit, self-advocacy group, parents group, community group, etc. to receive this grant. What is your plan to share with others:** **Grantee MUST present the knowledge you received at a quarterly Council meeting either in person, video conferencing, or through a written statement. The Executive Director will help you complete this task. Please contact** **jhorntvedt@nd.gov** **to create a plan.*****Not completing these steps will make you ineligible for applying for funds in the future*** |
|  **The name of the event you would like to attend.** Please attach a copy of the brochure, agenda, registration, etc.  | Have you attended this conference/event before? Please circle): Yes NoWhen:  |
| **Cost to attend the event** Registration Fee   | **Explanation** | **Council Dollars Requested** | **Out of Pocket Expenses** | **Funds from another entity (if applicable)**  |
| Air Fare   |  |  |  |  |
| Baggage Fees: Can only cover one bag one way (Typically max of $25) |  |  |  |  |
|  Transportation   |  |  |  |  |
|  Hotel (including taxes)   |  |  |  |  |
| Meals (not covered in the registration fee) |  |  |  |  |
| Disability Accommodations   |  |  |  |  |
| Other Expenses |  |  |  |  |
| **TOTAL COST:**  |  |  |  |  |
| In accordance with State of North Dakota, reimbursements will be in compliance with State reimbursementrates and the U. S. General Services Administration (GSA) guidelines. It is your responsibility to confirmthat your hotel and per diem (meal) rates fall within the GSA rates in order to not incur additional out ofpocket expenses. These rates can be obtained by accessing [www.gsa.gov](http://www.gsa.gov) . You **must** use the leastexpensive means of transportation. |
| **Request for: \_\_\_ $500 Individual In-State \_\_\_ $ 1000 Family In-State**  \_\_\_ **$1500 Individual Out-of-State \_\_\_$3000 Family Out-of-State** |
| I have read and understand the Consumer Leadership Development Fund policy and agree to abide by them. I have attached any information available about the event, related expenses and presentation proposal.   |
| Signature:   | Date: |