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? ________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________
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? $____________________
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 _____
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