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The Utah Developmental Disabilities Empowerment Fund

Adopted March 11, 2008
Updated July, 2009

The Council has created an Empowerment Fund (formerly known as scholarships) to enable individuals with developmental disabilities and their family members to serve on policy and program planning bodies, and to gain knowledge and skills by attending conferences, trainings and meetings. The Community Supports Committee is responsible for determining approval or denial of applicants, in accordance with the policies governing the Empowerment Fund.

Policies for the Utah Developmental Disabilities Council Empowerment Fund for People with Disabilities and Families

1. Recipients of Empowerment Fund dollars will be:
   a. Individuals with developmental disabilities
   b. Family members or guardians involved in the care of a person with a developmental disability.

2. Funds will be used to:
   a. Support Council members who are unable to pay the money needed to participate in a local, state or national policy-making committee or board, or attend a conference/training or class.
   b. Support individuals with developmental disabilities to participate in a local, state or national policy making committee or board.
   c. Support individuals with developmental disabilities to attend a conference/training or class.
   d. Support individuals with developmental disabilities to provide testimony at public policy hearings.
   e. Support family members / guardians to participate in a state or national policy-making committee or board.
   f. Support family members / guardians to attend a conference.
   g. Support family members / guardians to provide testimony at public policy hearings.

3. Applicants must reside in Utah and be a person with a developmental disability or a family member or guardian involved with the care of a person with a developmental disability.

4. The Empowerment Fund Subcommittee shall consist of three UDDC Council members, and Chair of the Community Supports Committee.
   The committee will make all decisions related to approval or denial of requests. The Committee will meet as needed to vote (approval or denial) on each application received following the prior meeting. The meetings will be held within the context of the regularly scheduled DD Council meetings. During those months that DD Council meetings do not occur and there is an

application for approval, the committee will make arrangements to gather in person or by telephone and vote on the applications as appropriate.

5. Those requesting support from the Fund will be asked if they can contribute some money to pay the costs, or obtain some money from other sources or other organizations.

6. Reimbursement for approved travel expenses is preferred to advanced funding. Advanced funding may be made available to those applicants receiving SSI, SSDI, or TANF as their only source of income and will be determined on an individual basis.

7. Participants may be reimbursed for meals, travel, and hotel according to state travel policies. Guidelines will be provided upon approval.

8. The account must be reconciled within 30 days (one month) after the trip for those seeking reimbursement or for those who received an advance. Each person who receives support from the Fund will be required to turn in appropriate receipts for the use of the money, or return the money.

9. Each person who receives support to attend a conference/training will be required to submit a report summarizing the event (see form: Conference / Event Report to the Council). This may be done in writing or an alternative format must be submitted to the DD Council office within 30 days (one month) following an event. If that person does not turn in a report or receipts, he or she will not be able to use the Empowerment Fund again until they do so.

10. Reimbursements must be requested within 30 days (one month) after the end of the conference. Any individuals who have not claimed their reimbursements within the specified period will lose the ability to do so and the accounts will be closed.

11. Individuals who are not Council members will be supported to attend only one conference or event per year. No more than $1,500, plus the cost of personal assistance, may be provided per request.

12. People who are not members of the Utah DD Council may not receive funds for more than one conference per calendar year, and may not receive funds to attend the same conference in consecutive years.

13. The Committee may approve more than 2 people to the same event.

14. Requests will be handled on a first-come, first-serve basis. Requests must be made 40 days prior to the event, by submitting the Empowerment Fund Application. The Utah DD Council reserves the right to deny any request, revise policies, or suspend funding, as it deems necessary.

15. Encouragement will be given to people who have some money to contribute towards their expenses.

16. Requests for conferences in locations outside the continental United States will not be approved.

17. Individuals will be expected to make all their own arrangements related to transportation, lodging, registration, personal assistance service, and so forth.

The Utah Developmental Disabilities Council money is federal money. Proper use of federal funds is required of all people receiving help from the Empowerment Fund. Funds are limited.

UDDC
UTAH DEVELOPMENTAL DISABILITIES COUNCIL
155 South 300 West, Suite 100
Salt Lake City, Utah 84101
801.533.3965

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

UTAH DEVELOPMENTAL DISABILITIES COUNCIL EMPOWERMENT FUND APPLICATION FORM FOR ATTENDING CONFERENCES/TRAININGS OR ATTEND A CLASS

Date: _____ _____(Please print clearly)

Name:_____

Address: _____

City: _____Zip: _____

Phone: _____

Email: _____

Check one:

- ☐ 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/Training that you are requesting funds to attend:
_____
_____

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

Have you attended this conference before?
☐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 ?

What event was your request for? _____

How much can you or other people, organizations, or companies contribute for you to participate in this activity?
I can contribute: $_____ Others can contribute: $ _____

If you cannot contribute anything, explain what you have done to try to get some of the costs covered: _____
_____
_____

If some other person and/or organization is contributing to your expenses, list them here: _____
_____

How much money are you requesting from the Council?
Transportation ($0.36 per mile, if using personal car) $_____
Other transportation costs? _____
Type of lodging? _____
Personal assistance services ($12 per hour up to 8 hours per day will be 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 or fee for class: $ _____
Other expenses requested for reimbursement? $_____
Please describe: _____
_____

TOTAL AMOUNT REQUESTED $ _____

Give all the names of all people that will be attending with you:
Spouse: _____
Give reason that person will accompany you: _____
_____

Child with a disability _____

Give reason that person will accompany you:_____

Other child(ren) and age(s) _____
Give reason that person(s) will accompany you:_____
Other person (for example staff) _____
Give reason that 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.

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. Mail the form and the agenda for your conference/meeting in with this request.

Mail to: **Finance Manager**
Utah Developmental Disabilities Council
155 South 300 West, Suite 100
Salt Lake City, UT 84101
Phone: 801-533-3965 or 1-800-333-8824
Fax: 801-533-3968

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155 South 300 West, Suite 100
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UTAH DEVELOPMENTA DISABILITIES COUNCIL EMPOWERMENT FUND APPLICATION FORM FOR SUPPORTS TO SERVE ON A COMMITTEE OR BOARD

Date: _____ (Please print)

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Email: _____

Check one:

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

Name of the Committee, Board, Commission or group on which you will serve:
_____

Name of the Chairperson and/or Director: _____

Address: _____
City: _____ Zip: _____
Phone: _____ Email: _____

Please give a brief explanation of the purpose of the committee: _____
_____
_____

Please give a brief explanation of your reasons for serving with this group:
_____
_____

How often does it meet? _____

Amount you and / or another group can contribute to attend this group? $_____

I can contribute $ _____
Other organizations can contribute: $_____
Name(s) of other organizations: _____
If you canâ contribute anything yourself, or get some of the cost covered by another organization, please explain your efforts to obtain alternative funding.
_____
_____

Amount of financial assistance you are requesting from the Council:

Transportation: $ _____
Lodging: $ _____
Personal Assistance Services: $ _____(maximum $12 per hour up to 8 hours)
Other: $ _____ Explain:_____

Please tell us what will work better for you:

_____I will pay my expenses and wait for a reimbursement check after I send in my receipts.
_____ I will need money before I go and will send in the receipts afterward.

Certification Statement to be signed by the Applicant:

If I am approved for funding, I will agree to turn in receipts for all the money I used, along with a meeting agenda and the form (Conference / Event Report to the Council). I understand that the receipts and agenda must be turned in to the DD Council within 10 days. I certify that I will return all other funds (the money I donâ have receipts for).

Signature:_____ Date: _____

Certification Statement Regarding Personal Assistance Services:

I normally use Personal Assistance services _____hours per day. I certify that I am requesting assistance for only the actual hours a Personal Assistant will be working for me during this event and that another funding source (like your DSPD waiver services) cannot or wonâ be paying for these same hours.

Signature: _____Date: _____

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

Complete all pages of this form. Mail the form at least 40 days, if possible, before the first meeting that you plan to attend.

Mail to: **Finance Manager**
Utah Developmental Disabilities Council
155 South 300 West, Suite 100
Salt Lake City, UT 84101

Phone: 801-533-3965 or 1-800-333-8824 Fax: 801-533-3968

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Conference / Event Report to the Council

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

☐ I attended a Conference ☐ I attended a Meeting

Please Print

My Name is: _____

Date(s) of the event: _____

Name of the Conference / Event: _____

The best things I learned were: _____

Tell us about how you will be able to use what you learned in your life:

Tell us why or why not someone else should attend an event like the one you attended.

What else is important for the Council to know?

Return this report with your receipts and other documentation within 30 days of your return to:

Mail to: **Finance Manager**
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